DOCUMENT RESUME

ED 413 526 CE 075 263

AUTHOR Seccombe, I.; Smith, G.; Buchan, J.; Ball, J.
TITLE Enrolled Nurses: A Study for the UKCC.
INSTITUTION Sussex Univ., Brighton (England). Inst. for Employment Studies.
REPORT NO IES-R-344
ISBN ISBN-1-85184-272-1
PUB DATE 1997-00-00
NOTE 106p.
AVAILABLE FROM Grantham Book Services, Isaac Newton Way, Alma Park Industrial Estate, Grantham NG31 9SD, England, United Kingdom.
PUB TYPE Reports - Research (143) -- Tests/Questionnaires (160)
EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Career Development; Certification; *Education Work Relationship; *Educational Needs; *Employee Attitudes; *Employer Attitudes; Employment Patterns; Foreign Countries; Job Satisfaction; Labor Needs; *Labor Supply; Labor Turnover; National Surveys; *Nurses; Professional Development; Public Policy; Questionnaires; Tables (Data); Trend Analysis
IDENTIFIERS Employer Surveys; *United Kingdom

ABSTRACT

Selected issues of concern to second-level enrolled (registered) nurses in the United Kingdom were examined through national surveys of two groups: (1) a random sample of 21,762 of the 115,459 nurses holding second-level registration in the United Kingdom, and (2) 700 employers who, included nurse executive directors in all National Health Service (NHS) trusts plus a sample of non-NHS employers. The number of individuals with second-level registration was discovered to have declined by almost one-fourth between March 1993 and March 1996. That decline was attributed to the following: cessation of training for entry to second-level registration; conversions to first-level registration; and retirement and nonrenewal of registration. It was concluded that a significant and continuing supply of second-level registrants would likely exist for the foreseeable future. Although most employers anticipated continued growth in employment of first-level registered nurses and health care assistants, they foresaw a continuing decline in their employment of enrolled nurses. Many enrolled nurses were pessimistic about their future prospects in nursing. (The report contains 55 references and 73 tables/figures. Appended are the following: list of organizations contacted; information about the registered practitioner and employer surveys; and the registrants' and employers' questionnaires.) (MN)

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Enrolled Nurses:
a study for the UKCC

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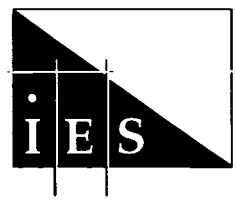

Report 344

Published by:

THE INSTITUTE FOR EMPLOYMENT STUDIES
Mantell Building
University of Sussex
Brighton BN1 9RF
UK

Tel. + 44 (0) 1273 686751
Fax + 44 (0) 1273 690430

British Library Cataloguing-in-Publication Data

A catalogue record for this publication is available from the British Library

ISBN 1-85184-272-1

Printed in Great Britain by Microgen UK Ltd

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Acknowledgements

We would like to thank all those individuals who took part in this study, either by participating in the group discussions or by completing a questionnaire. We are indebted to all the staff in NHS trusts and private sector providers, district and regional health authorities, professional bodies, national boards and government departments, who assisted with data collection and took part in interviews.

We are grateful to Paul Hutchinson (UKCC) and Mark Sewards (EDS) for arranging the sampling from the Register.

We should like to thank Carol Barber the project secretary at IES, Monica Haynes (MHH Surveys) for survey administration and Fiona O'May (Queen Margaret College, Edinburgh), Paul Heron, Adrian Patch and Sue Hayday (at IES) for help with data preparation.

Finally, we should like to thank Mark Darley and Pam Walter at the UKCC for overseeing the project, and the other members of the project management group, Professor George Casteldine, UKCC Council, Mr Stuart Niven, UKCC Council, Mrs Linda Coey (EN), UKCC Council, Ms Jackie Furlong (EN(G), RGN), UKCC Council, for their advice.

Contents

Summary

For some time the UKCC has received anecdotal information from enrolled nurses who have experienced problems with respect to their professional practice as second level registered nurses, particularly by the narrow interpretation of Rule 18(2) by employers. More recently, the implementation of Project 2000 and the cessation of training for entry to second level Parts of the Register has raised concerns about the future role and employment prospects of the second level registered nurse, as well as highlighting the need for more opportunities to convert to first level registration.

This report presents the findings from national surveys of second level registrants and their health sector employers. These surveys were designed to explore the key issues around the role and employment of enrolled nurses, and their conversion to first level registration. It also presents relevant statistics from official sources.

New entries to second level Parts of the Register declined markedly as training for second level registration was phased out from the mid-1980s. The number of individuals with effective second level registration reduced by a quarter between 1992/93 and 1995/96. Currently, 110,529 individuals hold second level registration. They represent just under one-fifth of all registered practitioners, compared to 23 per cent in 1992/93. The registrants survey shows that half of all respondents first 'qualified' as nurses between 1970 and 1979. This qualification profile closely matches the age distribution: three-fifths were aged between 35 and 49. Two-fifths of respondents have potential careers in nursing of 20 years or more.

The registrants' survey also shows that participation in nursing is high. Eighty per cent of respondents were employed in nursing work and a further eight per cent were employed in non-nursing jobs. This suggests that the 'pool' of those available for nursing work is comparatively small.

More than half the enrolled nurses reported working part time. Two-thirds of enrolled nurses worked in the NHS. Of these one-fifth were deployed in elderly care. Nearly all were on clinical grades; 64 per cent were on grade D.

Most enrolled nurses worked some type of shift pattern. There was marked variation by employment sector. A slightly higher proportion of enrolled nurses in the private sector (31 per cent) worked permanent night shifts, compared with those in the NHS (28 per cent). Internal rotation, on the other hand, was more prevalent amongst those in the NHS (27 per cent) than the private sector (18 per cent).

Analysis of official statistics shows a decline in the number of enrolled nurses employed in the NHS, and that they represent one-fifth (n=42,788) of the registered nurse workforce. One likely reason for this decline is the movement of enrolled nurses from NHS to non-NHS employment (including nursing homes, agencies, hospices, *etc.*). The number of enrolled nurses employed in the non-NHS sector more than trebled between 1982 and 1992 and now accounts for 22 per cent of all enrolled nurses. Enrolled nurses in the non-NHS sector represent 24 per cent of the registered nurse workforce. The employers' survey shows broadly similar results: a large majority of employers reported a decline in the number of enrolled nurses they employed over the past three years, and forecast further reductions in the near future.

Some employers reported that it was their policy not to accept applications from enrolled nurses for vacant D grade or equivalent posts. This was mainly reported to be because of conversion costs and perceived restrictions on practice. Meanwhile the majority of registrants appeared pessimistic about their future job security and employment prospects in nursing. Seven in ten agreed with the statement: *'there is no future for enrolled nurses'*, and three in five agreed that: *'there are no jobs for enrolled nurses anymore'*.

Three-fifths of enrolled nurses reported that they were unable to perform some nursing activities because of their second level registration. This was substantiated by employers; two-thirds identified activities which second level registered nurses were not allowed to perform. Most employers said this stemmed from their own, or UKCC policy.

Seven in ten employers reported that they had heard of Rule 18(2). (Note that a similar proportion of enrolled nurses indicated that they had heard of Rule 18(2).) There was variation by sector with 79 per cent of NHS employers reporting that they had heard of it, compared with 51 per cent of non-NHS employers. Overall, one-third of employers indicated that Rule 18(2) influenced the deployment of enrolled nurses within their organisations. Again, a higher proportion of NHS employers (36 per cent) reported that it influenced deployment, compared with 17 per cent of non-NHS employers. Supervision of second level registered nurses by first level registered nurses was the most frequently cited influence.

Evidence from the registrants' survey revealed that almost half agreed that they were under pressure to convert. Yet nearly half

of the registrants indicated that they did not plan to convert to first level registration. The most common reason cited was that they were happy as an enrolled nurse. Second level registered nurses, therefore, are likely to remain a significant element of the nursing workforce for the foreseeable future.

Fifteen per cent of registrants reported that they were undertaking conversion courses at the time of the survey. Better job prospects and personal development were the main reasons given for converting. Frequently cited barriers to conversion were long waiting lists and funding difficulties. Three-quarters of these registrants reported that they received full funding from their employer. Enrolled nurses employed by the NHS were more likely to be in receipt of full funding (79 per cent) than those in the private sector (31 per cent).

The remaining registrants (37 per cent) were trying to get on a conversion course or planned to in the future. They showed similar reasons for wanting to convert as well as similar problems in gaining access. This large minority suggests a continued high demand for conversion course places and that up to 36,000 second level registrants plan to convert in the near future.

1. Introduction

1.1 Background

The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) is responsible for maintaining the professional Register of all individuals who are entitled to practise as a nurse, midwife or health visitor in the United Kingdom.

For some time the Council had received anecdotal information from second level registered (or enrolled)[1] nurses who had experienced problems with respect to their professional practice. Some enrolled nurses are reported to believe that their professional practice and employment prospects are being hampered by the continuing presence, or at least the interpretation by employers, of Rule 18(2)[2], which describes the competencies of an enrolled nurse at the point of registration. The main issue of concern is that the competencies described in the Rule, which emphasised the role of second level registered nurses in *assisting* first level registered nurses in the assessment and delivery of nursing care, are said to be narrowly interpreted and that employers fail to give enrolled nurses recognition for post-registration qualifications and experience.

More recent developments have introduced further confusion and blurring of roles. These developments include: clinical grading; the Scope of Professional Practice; the Standards for the Administration of Medicines; Post Registration Education and Practice (PREP) and National Vocational Qualifications (NVQs).

The introduction of the clinical grading system (based on post rather than qualification) is also reported to have created anomalies in which some enrolled nurses can find themselves

[1] Following successful completion of training for a general or specialised qualification, an individual can hold effective registration on one or more of the four second level Parts of the UKCC Register. These are: Part 2 (second level, general nursing England and Wales); Part 4 (second level, mental illness, England and Wales); Part 6 (second level, mental handicap, England and Wales) and Part 7 (second level, Scotland and Northern Ireland). The terms enrolled nurse and second level registered nurse are used interchangeably in this report.

[2] The Nurses, Midwives and Health Visitors Rules Approval Order 1983, Statutory Instrument No. 873

being employed as first level registered nurses, without the associated registration change. When clinical grading was introduced in 1988, criteria relating to qualifications, experience and levels of responsibility and management of resources, were used. Guidance for enrolled nurse posts stipulated the following: grade C was the minimum grade for second level registered nurses; posts for second level registered nurses, at grade D, required a recognised post-basic certificate or equivalent experience; a senior enrolled nurse, who was 'regularly' in charge of a ward, would fulfil the criteria for an E grade post.

Similarly, the *Scope of Professional Practice* (UKCC, 1992) is reported to be frustrating some enrolled nurses and confusing some employers, since it encourages enrolled nurses to expand their professional practice without gaining first level registration.

The UKCC's document on the Standards for the Administration of Medicines (UKCC, 1988a) also raised the issue of role distinction, since it explicitly states that the Council: *'imposes no arbitrary boundaries between the role of the first and second level registered practitioner'*.

NVQs in healthcare were established by the Care Sector Consortium in the late 1980s. As employers fund the acquisition of NVQs, they may seek to replace enrolled nurses with NVQ trained health care assistants. Further, it is suggested that some enrolled nurses are being redeployed as health care assistants and may even be required to be assessed for NVQ Level 3. Such redeployment could have a considerable effect on their ability to comply with PREP requirements. Such practices also raise questions about professional accountability and continuance on the Register.

In addition to these issues, enrolled nurses have also reported difficulties in obtaining placement on, or funding for, conversion courses which would enable them to become first level registered nurses.

The remainder of this section provides a brief review of the literature on some of these issues and presents relevant statistics on trends in the registered nurse population and the enrolled nurse workforce.

Demand for a statutorily recognised second level nursing qualification began in the 1930s, when hospitals were unable, or unwilling, to recruit 'expensive' registered nurses, and were making increased use of various types of unqualified aides and assistants (Brown, 1994). Creating a second level qualification with a shorter training period would, it was claimed, regulate these developments. Arguments against the development of a second level qualification had centred on concerns that the enrolled nurse would undermine the role of the registered nurse, and perhaps undercut registered nurses' pay (UKCC, 1985). Wartime expediency overruled any such concerns.

The State Enrolled Assistant Nurse (SEAN) was first statutorily recognised by the Nurses Act of 1943. Wartime shortages of nursing labour had led to legislation empowering the UK Nursing Councils to approve shortened training courses and admission to a new Roll of Assistant Nurses. The two statutory levels (register and roll) were accepted immediately in England and Wales, but the title was not made permanent in Scotland until 1948 and until 1952 in Northern Ireland.

The immediate post-war period saw little growth in the recruitment and deployment of SEANs. This led to various, and sometimes conflicting, recommendations being made in the mid-1950s by the Standing Nurse Advisory Committees to increase recruitment. One of the fundamental problems was the blurring of the role of enrolled and registered nurses, and the varying status accorded to SEANs due to a lack of commonly agreed entrance qualifications, competencies and course curriculum: *'It was clear, reading between the lines, that the profession had not taken the SEAN to its heart and made a place for it'* (UKCC, 1985).

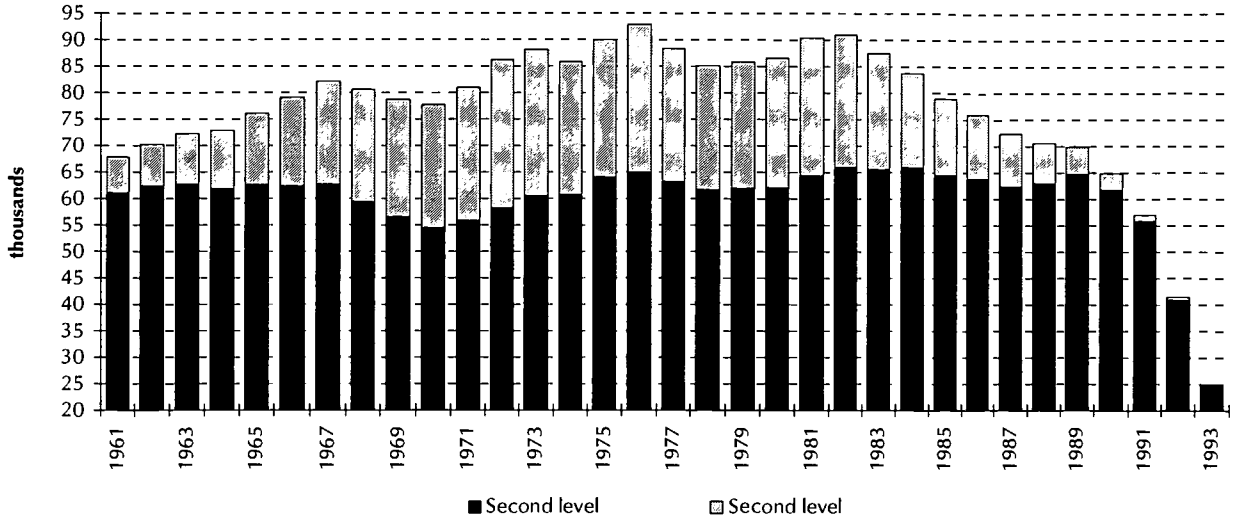
A number of factors combined to change this situation in the 1960s. The term 'Assistant' was removed in 1961, giving a new title of State Enrolled Nurse. Intakes to training began to grow and the qualification was extended to 'mental illness' and 'mental handicap' nursing. Entry requirements for nursing were confirmed as two 'O' levels for enrolled nurses and five 'O' levels for registered nurses.

The number of pupil nurses entering training, and the number of enrolled nurses in the nursing workforce, increased markedly through the 1960s and 1970s.

In 1961 the number of whole-time equivalent (wte) nurse learners totalled 67,810 in Great Britain (GB). At this time only a tenth (6,737) of learners were following pupil nurse training (see Figure 1.1 overleaf). By 1972 the number of pupil nurses had quadrupled to 27,967, at which time they formed one-third (32 per cent) of the learner nurse population. The number of student nurses (*ie* those in first level training) had fallen by five per cent, from 61,073 to 58,197, over the same period.

Growth in numbers did nothing to diminish the issues of role overlap, status and career prospects for enrolled nurses. A number of research based reports at the time highlighted concerns held by many enrolled nurses that their capabilities were being undervalued and career prospects limited (Dan Mason Nursing Research Committee, 1962). Research also suggested that some senior nurse managers and matrons were reluctant to fully recognise the role of enrolled nurses (Dan Mason Nursing Research Committee, 1962; National Association of State Enrolled Nurses, 1968; Hockey, 1972) and the deployment and status of enrolled nurses tended to fluctuate depending on the availability of other groups and grades of staff (Hockey, 1972).

Figure 1.1 Number (wte) of 'traditional' (first & second level) nurse learners (GB), 1961 to 1993



Source: IES/Annual Abstract of Statistics/Health and Personal Social Services Statistics for England/Health and Personal Social Services Statistics for Wales/Scottish Health Statistics

The Briggs Committee on Nursing, reporting in 1972, described a situation in which more and more enrolled nurses were being employed in the NHS, often with increased responsibilities, particularly in specialties such as care as the elderly: *'Although enrolment and registration are distinct qualifications, leading to very different career prospects, the actual level of work assigned to enrolled nurses is often very similar to registered nurses in the staff nurse grade'* (Briggs, 1972).

Concerns about issues relating to the employment of enrolled nurses were brought into sharper focus, and aligned closely with professional education issues, in the early 1980s. The impetus for change in nurse education was increasing. Two documents published by the Royal College of Nursing (RCN) advocated a single standard qualification for registered nurses (RCN, 1981; RCN, 1983). The UKCC also recommended that in future there should be one level of qualification (UKCC, 1982). The subsequent adoption of the 'Project 2000' model of nurse education in the late 1980s was linked to the phasing out of intakes to, and training for, qualifications leading to second level registration, and to proposals for the provision of courses for enrolled nurses to convert to first level registration. (UKCC, 1986 and 1987). The UKCC further recommended that there should be a new single list of competencies applicable to all registered practitioners and that there should be a new grade of 'helper' (subsequently 'health care assistant') *'. . . who can carry out tasks to assist the registered practitioner . . . '* (UKCC, 1988b).

Table 1.1 Initial entries to pupil nurse training courses 1987/88 to 1994/95, by country

	England	Scotland	Wales	Northern Ireland	UK
1987/88	2,597	585	199	24	3,40
1988/89	1,682	529	135	1	2,34
1989/90	587	399	47	0	1,03
1990/91	62	204	74	0	34
1991/92	0	84	0	0	8
1992/93	0	55	0	0	5
1993/94	6	27	0	0	3
1994/95	0	9	0	0	

Source: IES/English National Board/Welsh National Board/National Board for Scotland/National Board for Northern Ireland

By 1990 the number of pupil nurses had fallen below the 1961 figure as pupil nurse training was phased out. Courses leading to second level registration finally ceased in 1992.[1]

Table 1.1 shows the decline in intakes to pupil nurse training since the introduction of Project 2000. In 1987/88 there were 3,405 initial entries to pupil nurse training in the UK. Within four years they had fallen to less than one hundred.

As pupil nurse training was phased out from the mid 1980s, the number of new (*ie* initial and subsequent) entries to second level Parts of the Register declined. Table 1.2 illustrates this trend using data for England and Wales. New entries fell by 14 per cent every five years between 1975/76 and 1985/86. Thereafter, the decline was even greater (73 per cent between 1985/86 and 1990/91). In 1995/96 there were only 201 new second level

Table 1.2 New entries* to the UKCC Register as a result of second level training in England and Wales, selected years 1975/76 to 1995/96

	No. new entries	% of all new entries
1975/76	10,479	44
1980/81	9,026	38
1985/86	7,756	32
1990/91	2,064	10
1995/96	201	1

**Includes post-registration admissions prior to 1990*

Source: IES/Annual report of the General Nursing Council for England and Wales/Statistical Analysis of the UKCC Professional Register

[1] Although training courses have ceased, entry to Parts 2, 4, 6 and 7 of the Register is still possible by: applicants who have had a break in their studentship; applicants who are entitled to further assessment attempts; and applicants unsuccessful on first level or diploma programmes leading to registration on Parts 1, 3, 5, 8, 12, 13, 14 or 15.

Table 1.3 Initial entries to the UKCC Register, by Part, 1985/86, 1990/91 and 1995/96

	1985/86	1990/91	1995/96
Part 2	6,154	1,792	170
Part 4	1,103	197	23
Part 6	499	75	8
Part 7	1,276	431	4
Total	*9,032*	*2,495*	*205*

Source: IES/Statistical Analysis of the UKCC Professional Register

registrations. Over the past twenty years, new second level registrations have fallen from 44 per cent of all new entries to only one per cent.

Table 1.3 illustrates the decline in initial registrations by Part of the Register. Between 1985/86 and 1990/91 initial entries to Parts 2, 4, 6 and 7 fell by 6,537 (72 per cent). By 1995/96 initial entries had virtually ceased.

The number and proportion of individuals with effective second level registration has declined rapidly in recent years, dropping by 34,127 (or 24 per cent) between 1992/93 and 1995/96 (see Table 1.4 below). Note that over this period the numbers on Part 7 (Scotland and Northern Ireland) have reduced comparatively less (17 per cent) than the numbers on the other Parts.

The total number of registered practitioners, both first and second level, was 645,011, at the end of March 1996. Second level registrants represented just under one-fifth (17 per cent) of this total, compared to 23 per cent in 1992/93.

The number of individuals on second level Parts of the Register has fallen for four reasons. Firstly, there has been a decline in new entries as pupil nurse training was phased out. Secondly, as registrants age they will retire and not renew their registration. Thirdly, individuals may leave nursing for other careers and not renew their registration. Fourthly, conversion to first level registration reduces the number of those holding second level registration only.

Table 1.4 Number of second level registrants by Part of the Register, 1992/93 and 1995/96

	1992/93	1995/96	% change
Part 2	103,521	78,552	-24
Part 4	12,682	9,151	-28
Part 6	5,228	3,901	-25
Part 7	21,100	17,435	-17
Multiple 2nd level registrations	2,125	1,490	-30
Total	*144,656*	*110,529*	*-24*

Source: IES/Statistical Analysis of the UKCC Professional Register

The move to a single level of registration meant that opportunities for enrolled nurses to secure access to conversion courses had to be expanded. A number of research studies have examined second level registrants' access to conversion courses. Initially, conversion to first level registration was only via a two year full-time course with student status. Later, conversion courses became one year in length (Brown, 1994). Access was, however, restricted by admission criteria and by the need to do the course full time.

Boot *et al.* (1988) reported on a survey conducted in one NHS region, where they found that 70 per cent (n=100) of enrolled nurses reported that they wished to convert, but many were having problems in getting onto a course. The types of barrier encountered included: domestic responsibilities; doubts regarding intellectual ability; and fear of losing their jobs. The shortage of conversion courses had already been noted by Horne (1987) and acknowledged by the UKCC (1988). A national survey of RCN members in 1990 reported that 39 per cent of enrolled nurses had applied for a conversion course in the previous twelve months, but only two out of five had been successful (Buchan and Seccombe, 1991).

The scale of demand for conversion courses, compared with their restricted supply led to a number of changes in entry requirements and course provision. Access to conversion courses was made possible on the basis of enrolled nurse qualification alone (UKCC Statutory Instrument, 1987) and various innovations increased the scope of provision, including the use of open learning and distance learning (see *eg*, Chudley, 1988; Hemborough and Sheehan, 1989; Robinson, 1990; Heath *et al.*, 1991; Henry *et al.*, 1991, Burley and Teasdale, 1991; Wexler, 1991; James *et al.*, 1993; Greaves, 1993; Hemsley-Brown and Humphreys, 1997). Whilst provision of conversion courses has increased markedly since the mid-1980s, and access has been broadened, the extent to which current levels of provision are meeting the demand from enrolled nurses remains unclear from the literature.

In 1995 another survey of RCN members found that the proportion of enrolled nurses applying for a conversion course place remained unchanged since 1991. However, the proportion of successful applicants had increased to 75 per cent (Seccombe and Patch, 1995). It was also highlighted that more than half of enrolled nurses did not intend to convert in the future; most reported that they were nearing retirement or had no ambition to convert.

The Audit Commission report (1991) on the organisation of hospital nursing services paid particular attention to enrolled nurses, noting that local policy and practice were often restricting their efficient utilisation:

'hospitals need to review local policies restricting the role of enrolled nurses to make sure their experience and skill is used to the maximum.'

The Audit Commission also estimated that, at the then current rate, it would take 14 years before the backlog of applicants for conversion was eliminated. In the same year (1991) a Department of Health survey of regional health authorities estimated that 56 per cent of enrolled nurses (n=22,800) in ten responding regions, wanted to convert and were eligible to do so. The National Audit Office (NAO) estimated that with 21,500 planned conversion places for the period 1992-93 to 2000, over 1,000 nurses in these regions would still be waiting for a conversion course place in the year 2000 (NAO, 1992).

Constraints on access to in-service training, continuing education and professional development have also been highlighted in the literature as key elements of concern for enrolled nurses, and major symbols of the uncertainty in their current status and future role (*eg*, see Scottish Office, 1992).

Research based evidence to support this contention is primarily drawn from small scale surveys. A survey of nurses (n=226) by Studdy and Hunt (1980) found that enrolled nurses were much less likely to have had a study day in the last twelve months than were staff nurses or ward sisters. Larcombe and Maggs (1991) reported similar survey findings (n=105), arguing that resource constraints meant senior staff had priority access to professional updating. In both studies, enrolled nurses were generally reported to be interested and committed to continuing their professional education, but felt they were 'bottom of the list' in terms of access. Similar findings were reported by Lindsay (1990), who found that three-quarters of enrolled nurses responding to a survey (n=610), expressed a desire to undertake further continuing education courses.

Buchan and Seccombe (1991) reported that 21 per cent of enrolled nurses had one or more post-basic qualifications, compared with 40 per cent of all qualified nurses sampled (n=2,728). They also reported that 40 per cent of enrolled nurses had gained places on post-basic training courses in the previous twelve months, compared with 52 per cent of all qualified nurses. The main difficulties cited by enrolled nurses included: inability to obtain an interview; long waiting lists; and restrictive entry requirements. In a more recent survey, enrolled nurses were amongst the groups with the lowest application rates for post-basic courses (Seccombe and Patch, 1995). The findings indicated that nurses working part time, permanent night shifts or with caring responsibilities were less likely to apply for post-basic courses.

The other major source of research based data on enrolled nurses in the UK are the results of national or regional surveys, in which enrolled nurses have been given specific coverage as an important sub-group in the workforce.

The coverage of these surveys is variable, in terms of topic and detail, but general patterns are discernible in both national surveys (*eg*, Price Waterhouse, 1988; Buchan, Waite and Thomas 1989; Seccombe, Patch and Stock, 1994) and local studies (*eg*, Grant *et al.*, 1994). The main benefit of these surveys is that they enable some comparison between the characteristics and labour market behaviour of enrolled and other nurses. The major source of this information at national level is the series of surveys commissioned by the RCN and undertaken by IES (see *eg*, Buchan and Seccombe, 1991; Seccombe, Ball and Patch, 1993; Seccombe, Patch and Stock, 1994; Seccombe and Patch, 1995, Seccombe and Smith, 1996).

Amongst the major findings of these annual surveys is that enrolled nurses represent a relatively stable group, in terms of labour market behaviour. Generally, enrolled nurses have tended to score lower on measures of job satisfaction than staff nurses. Evidence of higher levels of dissatisfaction amongst enrolled nurses have been linked to experiences during clinical grading in the NHS, the perceptions of limited career opportunities, and to job insecurity (exacerbated by the post-Project 2000 'phasing' out of pupil nurse training) and because of issues relating to role overlap and uncertainties.

Whilst the focus of this study is on generating primary data relating to the UK situation, those responsible for deciding national policy in relation to the role and education of second level registered nurses in the UK should note the parallels with other countries.

Many of the issues currently being addressed from a policy perspective in the UK, are, or have been, policy priorities in other countries (*eg*, Canada, United States, South Africa, Australia, New Zealand, Japan) where a second level qualified nurse role exists. Examples of published work from other countries include: access to conversion course for Licensed Practical Nurses in the US (Jacobson, 1989) and conversion courses for enrolled nurses in South Africa (Weaver, 1990); role overlap between first and second level registered nurses (*eg*, in the USA: Claytor, 1993 and in New Zealand: O'Connor, 1993); identifying the 'right' skill mix of first and second level registered nurses (*eg*, in Canada: Clark and Thurston, 1994; in Australia: Rosenthal *et al.*, 1991) and broader-based policy documents considering the future role of second level registered nurses in the light of nurse education reform (see *eg*, in Australia — Enrolled Nurse Review Committee, 1991).

This brief review of published literature on enrolled nurses has revealed that the limited research evidence from the UK points to an increasing recognition of fundamental problems with the role and status of the second level registered nurse. The prime factors identified as contributing to this situation have been: role overlap between first and second level registered nurses, varying local policies and 'custom and practice'; restricted access

of second level registered nurses to continuing professional development; and barriers to, and excess demand for, conversion courses leading to first level registration.

1.2 Aims and method

In May 1995, the Institute for Employment Studies (IES) was commissioned by the UKCC to undertake a survey which would explore issues of concern to second level registered nurses and inform Council policy. A project management group was established by the UKCC to oversee the study.

The Council specified that the research should address the following broad themes:

- the biographical, demographic and employment characteristics of enrolled nurses
- their desire to convert to first level registration
- the availability of opportunities to convert to first level registration
- barriers to conversion
- role restrictions due to second level registration
- the understanding of Rule 18(2).

The Institute's approach to the study comprised two stages. The first stage involved a feasibility study. The purpose of this was to identify the key issues to be addressed, and to test the survey methodology. The feasibility study included a review of the literature on second level registered nurses and the issues affecting them, the collation of health department and national board statistics, a Delphi study (using interviews and group discussions) and a pilot survey of 1,300 enrolled nurses. The organisations contacted during this stage of the study are listed in Appendix 1.

The Delphi study highlighted variations in enrolled nurse deployment and in employers' perceptions of enrolled nurses and the role they could, or should, play. To explore these issues in greater detail, the scope of the study was broadened to include a survey of employers.[1]

The second, and main, stage of the project, comprised two surveys: first, a survey of about 21,760 registrants on second level Parts of the Register[2] (see Appendix 2 for details of the

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[1] Ball, Buchan, Seccombe and O'May (1995), *Survey of Second Level (Enrolled) Nurses: Interim Report to the UKCC*, IES

[2] There were also 49,000 practitioners holding effective first and second level registration in June 1995. These were excluded from this study.

sampling procedure and response rates); second, a survey of 700 employers (see Appendix 3 for details of the sampling procedure and response rates). The questionnaires used in the study are presented at Appendix 4 (for registrants) and Appendix 5 (for employers).

1.3 Report outline

The report is in five further chapters:

Chapter 2 describes the demographic and employment characteristics of second level registrants. These include: age profile, gender mix, ethnicity, dependants, registration and educational background.

Chapter 3 is concerned with those registrants who were in nursing employment (*ie* enrolled nurses). It uses official data sources and results from the surveys of employers and registrants, to describe past and forecast trends in the enrolled nurse workforce, and the distribution of employment by sector, workplace and specialty. The chapter concludes by examining enrolled nurses' job mobility.

Chapter 4 examines the influence of Rule 18(2) on the deployment and recruitment of enrolled nurses. It also considers restrictions on nursing practice arising from second level registration. Finally, the chapter presents the views of enrolled nurses on their future employment prospects and perceived job security.

Chapter 5 looks at registrants' attitudes towards conversion, their current conversion status, reasons for, and barriers to, conversion, and sources of funding. These findings are, compared with the responses of employers. The chapter also examines enrolled nurses' access to continuing professional education and development, and concludes by considering career satisfaction and progression.

Chapter 6 summarises the main themes that have arisen in the study and highlights the implications of some of the survey findings.

2. Characteristics of Second Level Registrants

2.1 Introduction

This chapter details the demographic and biographical profile of the respondents to the survey of registrants. It provides the backdrop against which the information on employment, deployment, role and intention to convert to first level registration were examined.

In particular, we describe respondents' country of residence, age, gender and ethnicity. Year of first registration is presented as well as educational qualifications and current employment.

Note that all survey data reported in this and subsequent chapters is weighted by Part of the Register, unless otherwise stated (see Appendix 3.4).

2.2 Results

2.2.1 Country of residence

The distribution of respondents by country of residence is shown in Table 2.1. Most respondents are currently living in their country of registration. There has been some movement of registrants on Part 7 of the Register between Northern Ireland and Scotland. This may reflect the fact that training for entry to Part 7 was of 18 months duration rather than two years, inhibiting flows from these two countries to England or Wales. Note that there are a small number of 'others', mainly in the Channel Islands.

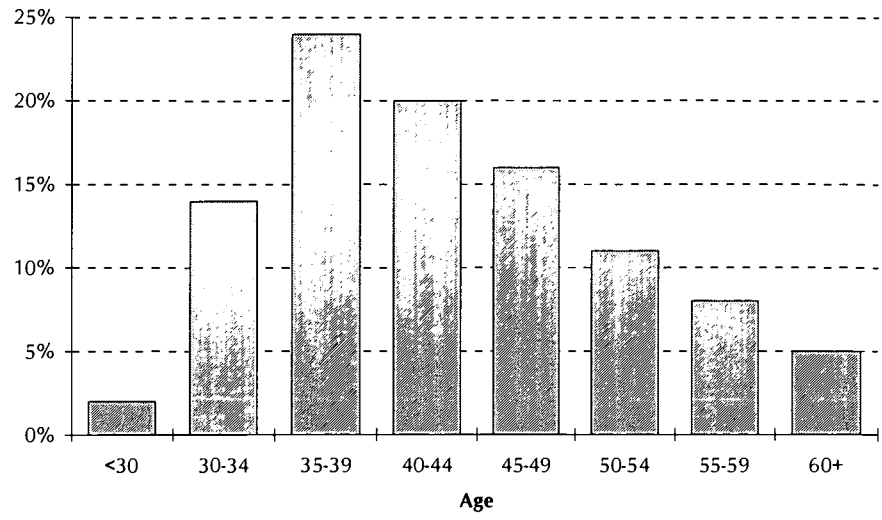
Table 2.1 All respondents: distribution, by country of residence

	%	No.
England	76	10,91
Scotland	14	2,00
Wales	6	87
Northern Ireland	3	41
Other	<1	9
Base No.	*100*	*14,30*

Note: Percentage totals in tables may not sum to 100 due to rounding

Source: IES Survey, 1996

Figure 2.1 All respondents: age distribution



Source: IES Survey, 1996

2.2.2 Age profile, gender mix and ethnicity

The age profile of respondents is shown in Figure 2.1. The beginning of an 'ageing' process, as a result of the phasing out of provision of pupil nurse training can be seen. Only two per cent of the respondents were aged less than 30 years of age, and only one in seven was aged 30-34. The age range 35-49 accounted for six in ten of respondents. The mean age of all respondents at the time of the survey was 43 years.

In common with other parts of the registered nursing population, the vast majority of respondents (94 per cent) were female. This was slightly higher than that for the total effective Register, of which 91 per cent were female. The gender mix on different Parts of the Register varies markedly, with men representing a comparatively higher proportion of those on Part 4 (24 per cent) and Part 6 (22 per cent).

Ethnicity of respondents is shown in Table 2.2. Nine out of ten (89 per cent) who responded reported that they were white, with

Table 2.2 All respondents: 'best' description of ethnicity

	%	No.
White	89	12,739
Black African	<1	119
Black Caribbean	4	590
Black other	<1	82
Indian	1	182
Other	4	542
Base No.	*100*	*14,254*

Source: IES Survey, 1996

black Caribbean (four per cent), and 'other' (four per cent) accounting for most of the remainder of respondents. Mauritian and Filipino were the two most commonly reported 'other' descriptions of ethnicity. The distribution of ethnicity is broadly similar to that reported by Beishon, *et al.* (1995) for NHS nurses in England. Figures from the Department of Health, and made public by the Manufacturing, Science and Finance union, correspond with results from this survey.[1]

The comparatively small number of respondents in most of the described ethnic categories precludes detailed analysis by ethnicity.

2.2.3 Caring responsibilities

Previous research has demonstrated that the job mobility of many nurses is constrained by their responsibilities for childcare or caring for elderly relatives (*eg*, see Buchan, Waite and Thomas, 1989). Non-work commitments such as these may limit the opportunity for enrolled nurses to travel for conversion courses, or take up any full-time conversion opportunities.

The majority (59 per cent) of respondents had caring responsibilities, either for dependent children under 16 years (54 per cent), dependent adults (ten per cent), or both (four per cent). Similar responses have been found in previous national surveys of registered nurses, with half of respondents reporting caring responsibilities for school-age or pre-school children and dependent adults (see *eg*, Seccombe and Smith, 1996).

2.2.4 Registration and education

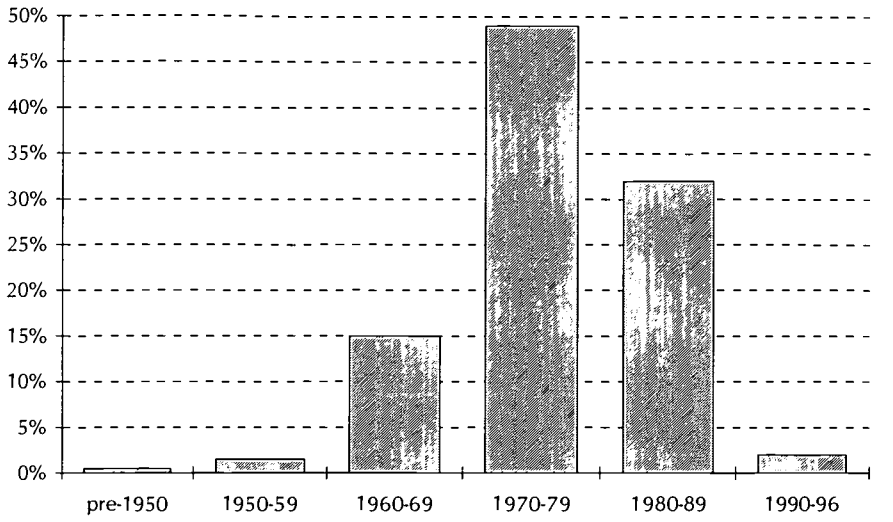
Half (49 per cent) of all respondents first qualified as a nurse in the years 1970-1979. This 'bulge' in the year of qualification profile closely matches the age distribution, and reflects the large intakes to enrolled nurse training during that decade. The rapid decline in the numbers qualifying in subsequent decades is also apparent in Figure 2.2, which shows the percentage distribution qualifying in each decade.

The overall distribution of respondents by Part of the Register is shown in Table 2.3. The majority of all respondents (71 per cent) reported that they were on Part 2 of the Register. Small numbers reported that they were on more than one of the four second level Parts of the Register, but in no case did this multiple registration account for a significant number of respondents. The largest group were those on Parts 2 and 4 of the Register.

Respondents were asked to indicate if they held any post-registration nursing qualifications. In total, 2,881 respondents

[1] *Guardian Weekly*, 27 April 1997, p. 12

Figure 2.2 All respondents: year of qualification as an enrolled nurse



Source: IES Survey, 1996

(21 per cent) reported that they had one or more post-registration qualifications. This is the same proportion as found in an earlier study which reported that staff nurses (29 per cent) and sisters/ charge nurses (60 per cent) were more likely than enrolled nurses to have completed post-registration qualifications (Buchan and Seccombe, 1991).

Three-quarters of respondents reported having one post-registration qualification. Second level registrants in England and Wales were more likely to report having one or more post-registration qualifications than those in Scotland or Northern Ireland (see Table 2.4 overleaf).

2.2.5 Current employment

The survey indicated a high level of participation in paid employment among respondents. Four in five (80 per cent) reported that they were currently working in nursing, and a further eight per cent reported that they were working in other forms of paid employment (see Figure 2.3). The remainder of those surveyed indicated that they were currently on maternity

Table 2.3 All respondents: distribution by Part of the UKCC Register

	%	No.
Part 2	71	10,207
Part 4	8	1,178
Part 6	4	497
Part 7	15	2,193
Multiple 2nd level registrations	2	216
Base No.	*100*	*14,291*

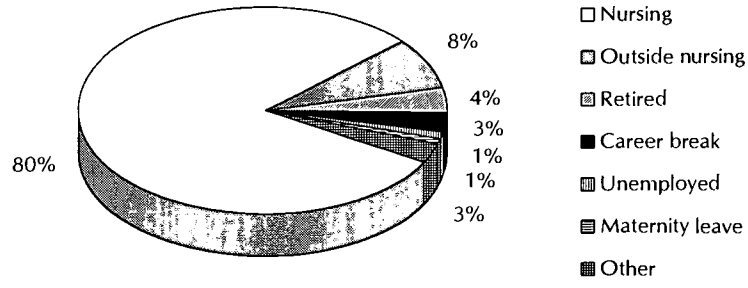
Source: IES Survey, 1996

Table 2.4 All respondents: proportion with post-registration qualifications, by country of residence

	%	No.
England	22	10,266
Scotland	16	1,917
Wales	23	812
Northern Ireland	17	387
Other	28	84
Base No.	*100*	*13,466*

Source: IES Survey, 1996

Figure 2.3 All respondents: employment status



Source: IES Survey, 1996

Table 2.5 Respondents with dependent children at home, by employment status

	% with dependent children	No.
Nursing	55	11,389
Maternity leave	90	114
Career break	81	380
Outside nursing	56	1,093
Unemployed	51	200
Retired	14	532
Other	57	511

Source: IES Survey, 1996

leave, career breaks, in retirement or unemployed. The small number of respondents in the 'other' category were mainly on sick leave or study leave.

Much higher proportions of those on maternity leave (90 per cent) and career breaks (81 per cent) reported having dependent children (under 16) at home (see Table 2.5). Fifty-five per cent of those currently in nursing employment, and 56 per cent of those working outside nursing had dependent children at home.

Respondents in non-nursing employment reported more than 25 different categories of job. The three most commonly reported were: secretarial/administrative work (14 per cent); social work/ probation officer (11 per cent); owner/manager of residential home (ten per cent). No other single category of reported employment accounted for more than one hundred respondents.

Those respondents in non-nursing employment were asked to indicate when they had left their last nursing job. Two-thirds of these had left nursing since 1990. 'Recent' leavers — those having left in 1995/96 — were more likely to report being unemployed or having retired. Significant numbers reported that they had left nursing six or more years ago. The fact that they had remained on the UKCC Register may indicate that they plan to return to nursing, or are in jobs where they believe their nursing registration may be of relevance.

One in five (19 per cent) respondents employed in nursing, reported that they did other paid work in addition to their main job. A similar pattern has been found in previous national surveys (Seccombe and Smith, 1996).

2.3 Summary

The main points to emerge from this chapter include the following:

- three-fifths of respondents were aged 35-49; the mean age was 43 years.
- The majority of respondents were female.
- Nine out of ten respondents reported their ethnicity as 'white', with black Caribbean being the next largest category.
- Three-fifths of respondents had caring responsibilities for dependent children or adults.
- Half of all respondents qualified between 1970 and 1979.
- One-fifth of respondents had one or more post-registration nursing qualifications.
- Four-fifths of respondents were employed in nursing.

3. The Enrolled Nurse Workforce

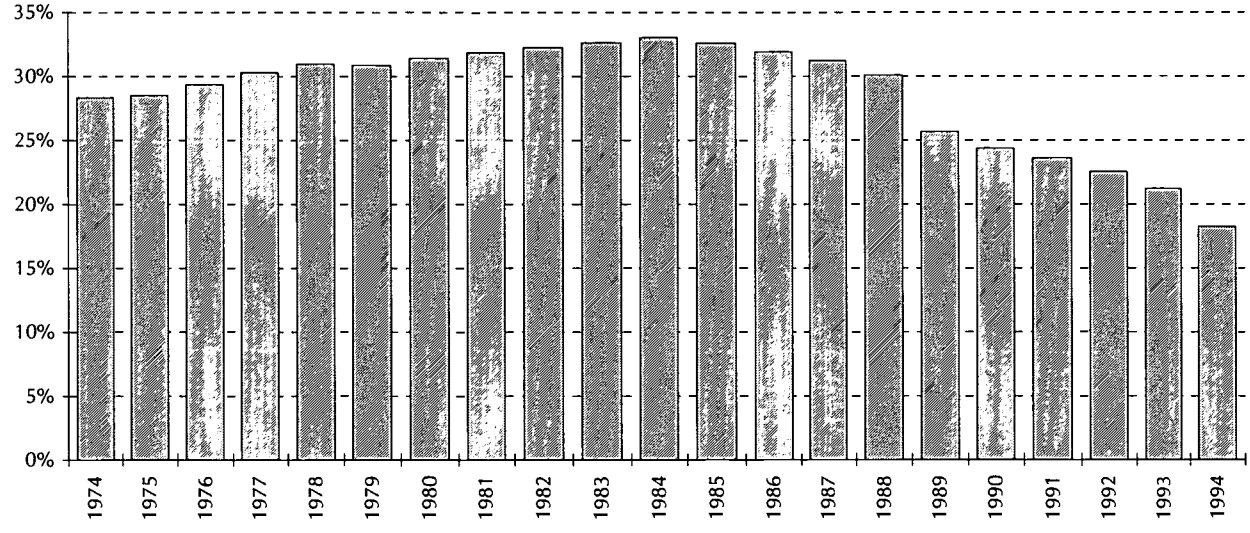
3.1 Introduction

The number of practitioners on the UKCC's effective Register with second level registration gives an idea of the number of second level registered nurses potentially available for nursing employment. It does not, however, indicate the actual number in nursing employment.

In 1974s, enrolled nurses made up 28 per cent of the registered nurse workforce in the NHS in GB (see Figure 3.1), increasing to one-third (33 per cent) by 1984. Thereafter, numbers began to decline and, by 1994 enrolled nurses made up less than one-fifth (18 per cent) of all registered nurses working in the NHS. Data from the survey of employers, conducted as part of this study, suggest that this proportion has fallen further in subsequent years (see section 3.2.1 and 3.2.2). This trend mirrors the changing number of second level registrants on the UKCC Register (see section 1.1).

Note that in 1980 the standard working week for NHS nurses was reduced from 40 hours per week to 37.5 hours per week, effectively reducing the number of nursing hours available.

Figure 3.1 Enrolled nurses (wte) as a proportion of all registered nurses working in the NHS, 1974 to 1994 (GB)



Source: IES/Health and Personal Social Services Statistics for England/Health and Personal Social Services Statistics for Wales/Welsh Office (Department of Health)/Scottish Health Statistics

Table 3.1 Number (wte) of enrolled nurses in NHS and non-NHS nursing employment, 1982 to 1994 (England)

	NHS	Non-NHS
1982	68,430	3,479
1983	69,930	3,973
1984	71,122	4,546
1985	72,290	5,384
1986	71,814	6,254
1987	70,923	7,329
1988	69,270	8,400
1989	59,187	9,381
1990	56,104	10,602
1991	54,838	11,516
1992	52,149	12,328
1993	48,575	11,975
1994	42,788	11,873

Source: IES/Health and Personal Social Services Statistics for England/KO36: Private Hospitals, Homes and Clinics registered under section 23 of the Registered Homes Act 1984-Department of Health

A complete time series is not available for the UK because of gaps in the data for Northern Ireland. However, recent trends in Northern Ireland are comparable with those for Scotland and Wales. One in four (23 per cent) registered nurses in Northern Ireland in 1990 held second level registration, compared with one in six (16 per cent) in 1995.

There may be several reasons for the decline in the proportion of enrolled nurses in the NHS. Firstly, this might be due to successful conversions from second level to first level registration. This is examined in detail in section 5.1 below.

Secondly, the transfer of enrolled nurses to the growing non-NHS sector may account for this decline. Data for England (see Table 3.1) shows that between 1982 and 1992 the number (wte) of enrolled nurses in the non-NHS sector[1] in England more than trebled, from 3,479 to 12,328. Enrolled nurses made up 28 per cent of the registered nurse workforce in the non-NHS sector in 1982. This proportion remained stable until 1993 when it declined to 26 per cent. It has since declined further, and enrolled nurses represented 24 per cent of the registered nurse workforce in the private sector in 1994 (in England only).

[1] Note that figures for the non-NHS sector are only for private hospitals, homes and clinics covered by the 1984 Registered Homes Act (England) and therefore exclude enrolled nurses who may be working for other non-NHS employers (*eg*, residential homes, charities, housing associations, *etc.*).

In the NHS the number (wte) of enrolled nurses reduced by more than one-third over this twelve year period. Enrolled nurses represented 32 per cent of the registered nurse workforce in the NHS between 1982 and 1985. Thereafter the proportion declined each year and by 1994, enrolled nurses represented 18 per cent of the registered nurse workforce as stated previously.

Thirdly, the number (wte) of enrolled nurses employed by the NHS might have fallen due to practitioners leaving the nursing workforce altogether (but remaining on the Register). The number of effective registrations does not equate with the number working in nursing since individuals may remain on the Register, after retirement or following a job change away from nursing, until their registration becomes renewable (three yearly).

As we saw in the previous chapter, 88 per cent of respondents to this survey were in paid employment. This was somewhat higher than in 1991 when the national Census found that 83 per cent of second level registrants were in paid employment (Lader, 1995). The difference between the 1991 and 1996 figures may have arisen for two reasons: (i) a genuine rise in participation rates over the period and (ii) a response bias in the survey towards those in employment. A participation rate between 83 and 88 per cent suggests that the number of those with second level registration who are not in paid employment (*ie* the 'pool'), is comparatively small and may be declining.

Estimating the number of second level registrants in the pool enables us to assess the possible supply of nurses and the demand for first level conversion opportunities in the future. At March 1996 there were 110,529 individuals holding second level registration on the UKCC's effective Register. However, not all are available for nursing work in the UK since some may be retired or living abroad. We estimate that approximately 4,000 second level registrants live abroad and 5,500 are retired.[1] This means that there were 100,000 second level registrants working or potentially available for work. With a participation rate of between 83 and 88 per cent, this leaves between 12,000 and 17,000 in the pool.

The remainder of this chapter uses data from the survey of employers to describe trends in enrolled nurse employment. Data from the survey of registrants is used to describe the main employment characteristics of those currently working in nursing. In particular, it shows which sectors enrolled nurses are working in, their main workplace and distribution by specialty.

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[1] We estimate the number living abroad as 18 per cent of those recorded as 'overseas' on the Register. We have assumed that the proportion of second level registrants abroad is the same as the proportion on the Register. The proportion of survey respondents who were retired was four per cent. This figure was used to estimate the number on the Register with second level registration who had retired.

We also report on employment contracts, working hours, shift patterns and clinical grading. The chapter concludes by reporting the survey evidence on the job mobility of enrolled nurses.

Unless otherwise stated, all the tables and figures in this chapter which are derived from the survey of registrants, refer to those respondents who were working in nursing.

3.2 Results

3.2.1 Employment trends

Employers were asked to indicate how the number of second level registered nurses employed in their organisations had changed over the previous two years. Table 3.2 summarises their responses. Overall, a large majority (72 per cent) reported a decline in the number of enrolled nurses, with one in five (18 per cent) reporting no change and just under ten per cent indicating an increase.

This overall trend masks considerable differences by sector. In particular, one in five respondents in the nursing homes sector reported an increase in enrolled nurse numbers. The nursing homes sector accounted for half of the overall number of employers reporting an increase. In contrast, only four per cent of NHS acute trusts, nine per cent of NHS non-acute trusts[1] and nine per cent of independent acute hospitals, reported an increase; the majority in each sector reported a decline in enrolled nurse numbers. The proportion reporting a decline ranged from 90 per cent of NHS combined service trusts to 64 per cent of independent acute hospitals.

The trend in enrolled nurse employment stands in marked contrast to the trend in employment of first level registered nurses and unregistered nursing staff. Figure 3.2 shows that two-thirds of

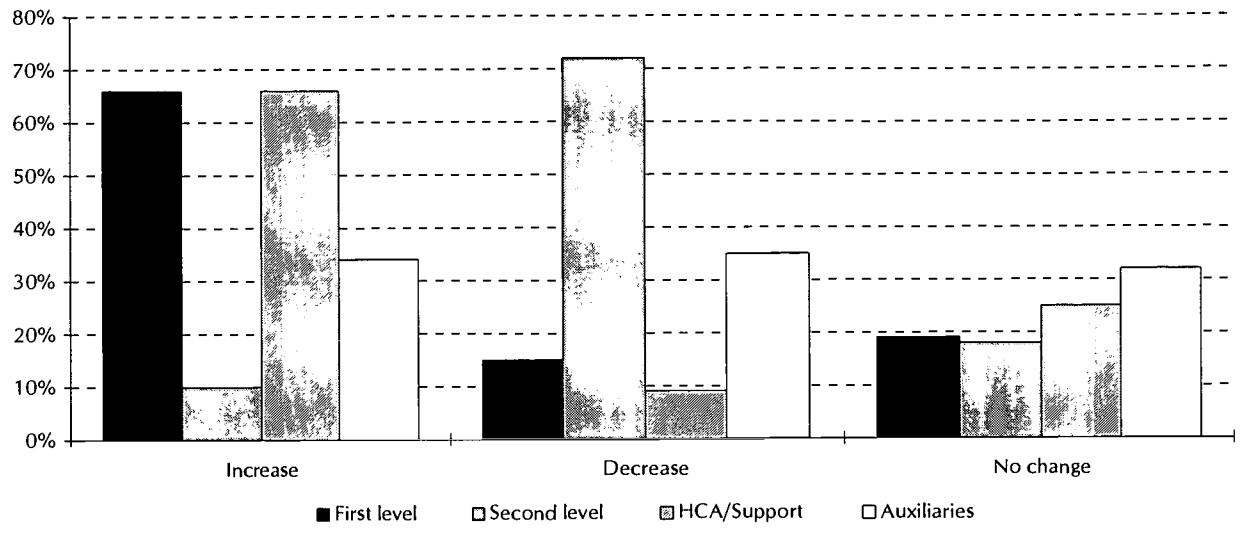
Table 3.2 Employers: proportion reporting change in enrolled nurse numbers over the previous two years, by employment sector

	% increase	% decrease	% no change	No.
NHS acute trust	4	88	8	125
NHS non-acute trust	9	78	13	110
NHS combined trust	6	90	4	68
Nursing homes	20	35	45	103
Independent acute	9	64	27	22
All employers	*10*	*72*	*18*	*428*

Source: IES Survey, 1996

[1] These are NHS trusts providing one or more of the following non-acute services: primary care, community care, mental health, learning difficulties, and elderly care.

Figure 3.2 Employers: trend in nursing staff numbers over the previous two years



Source: IES Survey, 1996

employers reported an increase in first level registered nurse numbers over the previous two years. Similarly, two-thirds reported increased numbers of health care assistants or support workers, and one-third reported an increase in nursing auxiliary numbers. This survey evidence would appear to support the view that job opportunities for enrolled nurses are reducing as posts previously filled by them are taken by first level registered nurses or health care assistants. Furthermore, employers reported that they did not recruit enrolled nurses for vacant D grade (or equivalent) posts (see section 4.2.3).

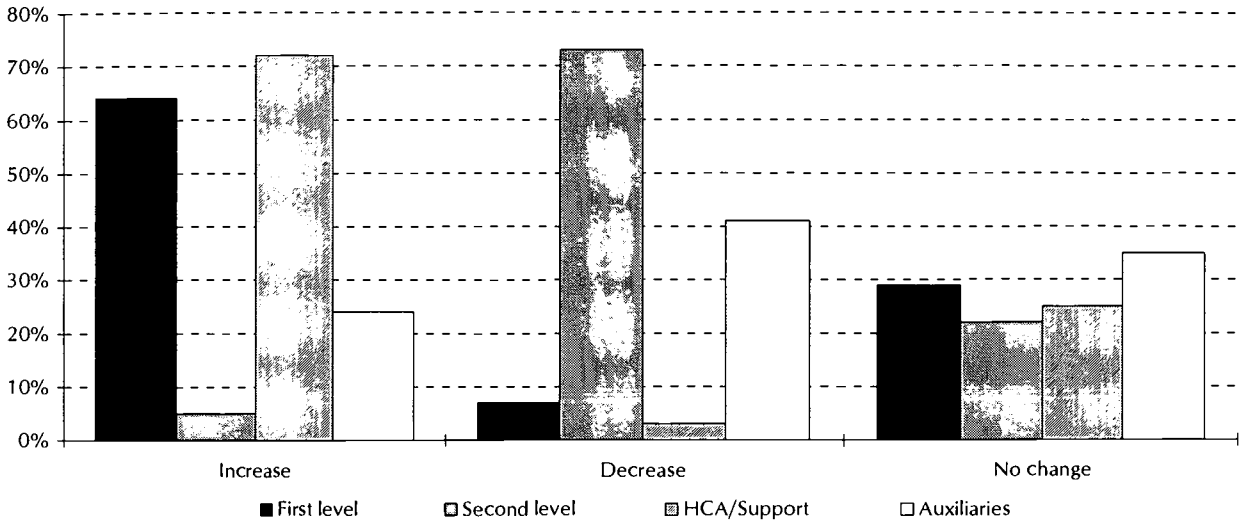
Employers were also asked to look forward and indicate how the number of enrolled nurses they employ was likely to change over the next three years. Table 3.3 shows their responses. Overall, nearly three-quarters (73 per cent) of employers forecast a decline in their enrolled nurse numbers with only five per cent anticipating any increase. Moreover, almost two-thirds of those who forecast an increase were in the nursing homes sector. Only two per cent of NHS acute trusts expected to increase their numbers of second level registered nurses, compared with eight per cent of independent acute hospitals and 15 per cent of nursing homes.

Table 3.3 Employers: proportion forecasting a change in enrolled nurse numbers over the next three years

	% increase	% decrease	% no change	No.
NHS acute trust	2	92	7	137
NHS non-acute trust	3	86	11	116
NHS combined trust	3	92	5	74
Nursing homes	15	22	63	107
Independent acute	8	64	28	25
All employers	*5*	*73*	*22*	*459*

Source: IES Survey, 1996

Figure 3.3 Employers: forecast trend in nursing staff numbers over the next three years



Source: IES Survey, 1996

Figure 3.3 shows the forecast trend in nursing staff numbers over the next three years. In contrast to the forecast trends in second level registered nurse numbers, 72 per cent of respondents anticipated an increase in the employment of health care assistants and support workers, and 64 per cent in first level registered nurses. The only other group which a substantial proportion of employers expected to reduce in number was nursing auxiliaries.

3.2.2 Nursing staff mix

Employers were asked to indicate the number (headcount and wte) of nursing staff employed within their organisations. They reported that they employed approximately 36,000 (28,896 wte) enrolled nurses. Enrolled nurses represented 15 per cent of the registered nursing workforce. Table 3.4 shows that enrolled nurses as a proportion of all registered nursing staff varied by employment sector. Within the NHS, the survey showed that enrolled nurses represented 15 per cent of the registered nursing workforce, compared with 20 per cent in the private sector.

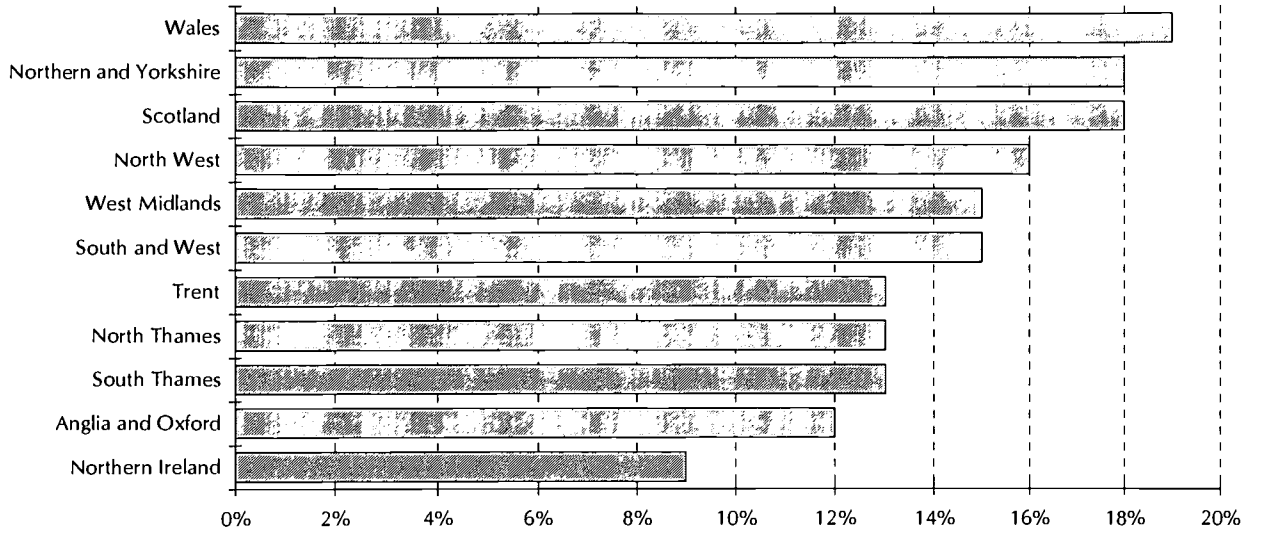
The proportion of enrolled nurses employed in the NHS varied quite considerably by country and region as Figure 3.4 shows. In

Table 3.4 Employers: enrolled nurses as a proportion of registered nursing staff, by sector

	%
NHS acute trust	14
NHS non-acute trust	16
NHS combined trust	15
Nursing homes	19
Independent acute	22

Source: IES Survey, 1996

Figure 3.4 Employers: enrolled nurses as a proportion of registered nursing staff, by country and NHS region



Source: IES Survey, 1996

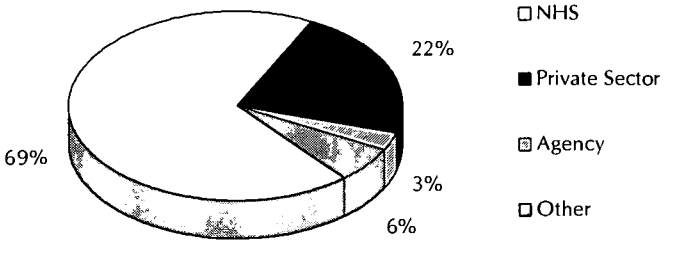
Wales, enrolled nurses represented 19 per cent of registered nursing staff. This was twice the figure in Northern Ireland where enrolled nurses were only nine per cent of the total. Scotland, with 18 per cent, Northern and Yorkshire, with 18 per cent, and North West, with 16 per cent, also reported figures above the NHS average.

3.2.3 Employment sectors

In section 2.2.5, we saw that four out of five (80 per cent) registrants reported that they were working in nursing. Figure 3.5 shows that more than two-thirds (69 per cent) of this group reported that they were employed in the NHS, with the remainder employed in the private sector (22 per cent), as agency nurses (three per cent), or in 'other' nursing employment (six per cent). The latter were mainly in occupational health, charitable organisations or other parts of the public sector.

The distribution of employment sector by country is shown in Table 3.5. The pattern of employment reported by respondents

Figure 3.5 Enrolled nurses: proportion employed in different sectors



Source: IES Survey, 1996

Table 3.5 Enrolled nurses: employment sector by country of residence (per cent)

	England	Scotland	Wales	Northern Ireland
NHS	67	75	74	69
Private sector	24	18	18	25
Agency	4	2	2	3
Other	6	5	6	4
Base No.	*8,820*	*1,578*	*735*	*329*

Source: IES Survey, 1996

in England highlights a lower level of NHS employment, and a higher level of work in the private sector, than elsewhere. Two-thirds (67 per cent) of enrolled nurses in England reported that they work in the NHS, compared with three-quarters in Scotland and Wales (75 and 74 per cent respectively) and 69 per cent in Northern Ireland.

There was no significant difference in the pattern of employment by age, other than that a higher proportion (50 per cent) of those aged 60 and over were working in non-NHS employment (mainly agency nursing or nursing homes).

3.2.4 Main workplace

Enrolled nurses were also asked to indicate their main place of work. The majority (61 per cent) of those employed in the NHS reported that they worked in acute hospitals, with around 15 per cent working in non-acute hospitals and 14 per cent in the community. The vast majority (80 per cent) of those employed in the private sector indicated that they worked in nursing homes, hospices or residential homes. Comparatively small numbers worked in private sector acute hospitals (11 per cent) and non-acute hospitals (four per cent). Half (49 per cent) the agency nurses worked in the acute hospital sector.

There was some variation in the distribution of workplace by country of residence. Higher proportions of enrolled nurses in

Table 3.6 Enrolled nurses: main workplace by country of residence (per cent)

	England	Scotland	Wales	Northern Ireland
Acute hospitals	49	40	46	39
Non-acute hospitals	10	19	13	16
Nursing homes, *etc.*	22	19	18	26
Community	11	12	13	9
GP practice	1	1	4	<1
Other	7	9	6	9
Base No.	*8,667*	*1,561*	*725*	*318*

Source: IES Survey, 1996

Scotland (19 per cent) and Northern Ireland (16 per cent) reported working in non-acute hospitals. The comparable figure for England was ten per cent. A lower proportion reporting employment in nursing homes, hospices and residential homes was also apparent in Scotland (19 per cent) and Wales (18 per cent), compared with 22 per cent in England and 26 per cent in Northern Ireland (see Table 3.6 above).

3.2.5 Specialty

Table 3.7 shows the main specialty of enrolled nurses employed in the NHS. Elderly care (19 per cent) and medical (13 per cent) were the most commonly reported specialties. 'Other' specialties (reported by ten per cent) included: accident and emergency, oncology and palliative care, occupational health, and obstetrics and gynaecology. Elderly care, in particular, has been the 'traditional' work place for many enrolled nurses. This concentration, and the fact that the numbers of second level registrants is reducing, clearly has implications for balancing the future supply and demand of registered nurses in this field of practice.

Figure 3.6 shows that the proportion of enrolled nurses (NHS) with a post-registration qualification varied widely by specialty.

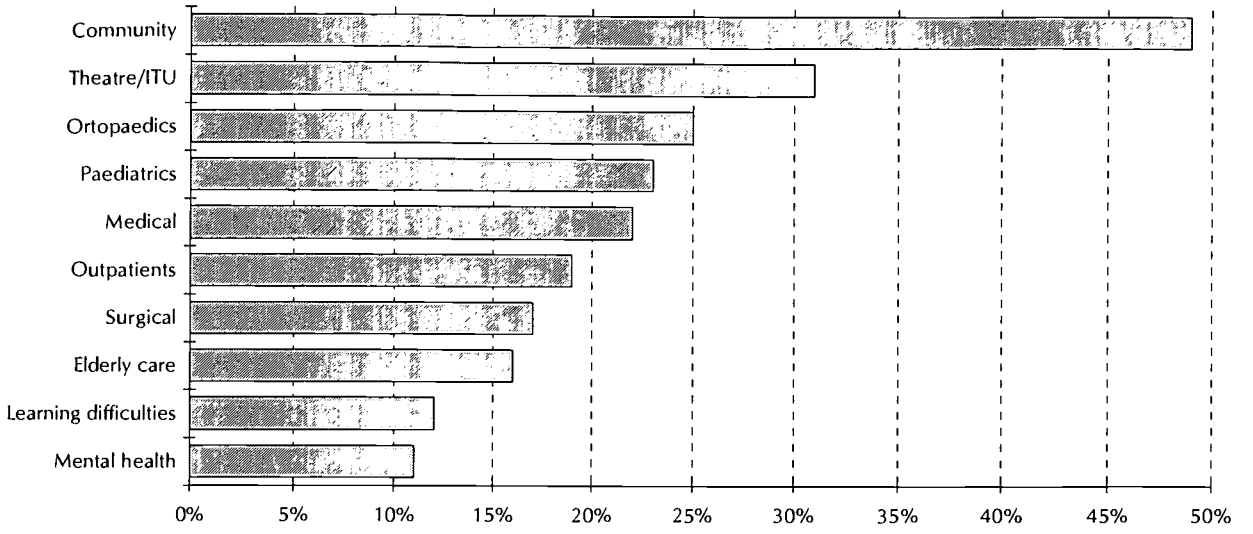
Higher proportions of enrolled nurses working in the community (49 per cent), theatre/ITU (31 per cent), and orthopaedics (25 per cent), had post-registration qualifications than those in elderly care (16 per cent), learning difficulties (12 per cent) or mental health (11 per cent). The survey data did not indicate whether these qualifications were relevant to the area in which the respondents worked.

Table 3.7 NHS enrolled nurses: main specialty

	%	No.
Elderly care	19	1,467
Medical	13	1,032
Community	11	849
Mental Health	10	816
Theatre/ITU	10	777
Surgical	9	695
Orthopaedics	6	445
Outpatients	6	327
Learning Difficulties	4	335
Paediatrics	4	308
Other	10	782
Base No.	*100*	*7,838*

Source: IES Survey, 1996

Figure 3.6 NHS enrolled nurses: proportion with post-registration qualifications, by specialty



Source: IES survey, 1996

3.2.6 Employment contracts

The 'casualisation' of the nursing workforce, through increased use of temporary or fixed-term contracts of employment, has been receiving increasing attention. Recent evidence suggests an increase in the use of temporary and fixed-term contracts within the NHS (Seccombe and Smith, 1996; Buchan, 1994).

Enrolled nurses were asked to indicate the nature of their employment contract. The majority (85 per cent) were employed on permanent contracts, with seven per cent reporting that they were on temporary contracts. Fixed-term contracts were reported by only two per cent (see Table 3.8). The distribution of contract type varied by employment sector. Those who reported that they were working on agency, bank or on a casual or relief basis, were categorised as temporary contracts. Permanent contracts were more prevalent in the NHS (91 per cent) and least often reported in the private sector (77 per cent).

Table 3.8 Enrolled nurses: type of employment contract, by employment sector (per cent)

	NHS	Private sector	Other	All
Permanent	91	77	61	85
Temporary	6	8	18	7
Fixed term	1	3	4	2
Unknown	2	6	8	3
Other	<1	6	9	3
Base No.	*7,822*	*2,550*	*1,048*	*11,420*

Source: IES Survey, 1996

Table 3.9 Enrolled nurses: full-time and part-time employment, by age group

	<30	30-34	35-39	40-44	45-49	50-54	55-59	60+	All
Full time	60	31	31	40	48	49	50	31	39
Part time	34	63	62	56	49	49	47	56	56
Occasional	6	6	7	5	3	3	3	13	5
Base No.	*199*	*1,568*	*2,701*	*2,277*	*1,828*	*1,282*	*904*	*404*	*11,165*

Source: IES Survey, 1996

3.2.7 Working hours

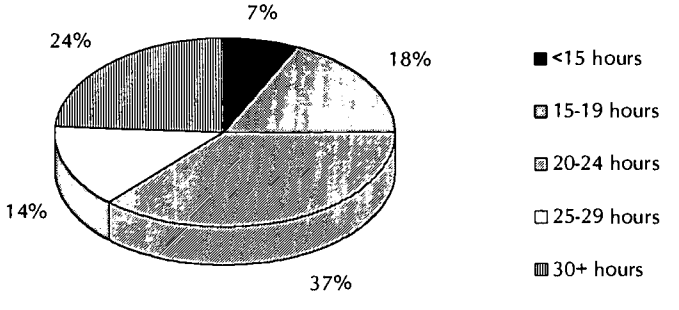
Enrolled nurses were also asked to indicate if they worked full time, part time or on an occasional basis. Over half (56 per cent) reported that they worked part time, with 39 per cent reporting full-time work, and five per cent working occasionally. A broadly similar pattern was reported in a survey of registered nurses conducted in 1996 (see Seccombe and Smith, 1996).

Table 3.9 shows respondents' age and job hours. Full-time employment accounted for the majority in only one age group: those under 30. There was also marked variation by gender. Nine out of ten (90 per cent) male enrolled nurses worked full time, compared with 37 per cent of female respondents. Similarly, respondents with dependent children aged 16 or under were less likely to work full time (27 per cent) than those with no children (55 per cent). There was little variation in the pattern of response by country of residence.

There was little difference in the split between the proportions of enrolled nurses working full time and those working part time, by employment sector. Over half in both the NHS (56 per cent) and the private sectors (58 per cent) reported working part time.

The distribution of contracted part-time hours is shown in Figure 3.7. Three-quarters of enrolled nurses (75 per cent) reported working 20 hours per week or more in their part-time job with a mean of 23 hours. Again, there was little difference in the pattern of distribution of hours between the two main employment sectors.

Figure 3.7 Enrolled nurses: contracted part-time hours



Source: IES Survey, 1996

Table 3.10 NHS enrolled nurses: proportion working full time, by specialty

	% working full time	No.
Mental Health	69	813
Learning Difficulties	67	335
Theatre/ITU	47	777
Community	40	849
Elderly care	35	1,467
Paediatrics	32	308
Orthopaedics	32	444
Surgical	32	694
Medical	29	1,032
Outpatients	28	326
Other	36	782

Source: IES Survey, 1996

An examination of job hours and main specialty at work reveals more variation (see Table 3.10). Enrolled nurses (NHS only) working in the field of mental health and learning difficulties were more likely to report working full time — more than two-thirds of respondents in each group, compared with 40 per cent of all NHS respondents. The proportion of respondents working full time was lowest in medical and outpatients.

3.2.8 Shift patterns

The majority (80 per cent) of enrolled nurses worked some type of shift pattern. There was marked variation in shift patterns by employment sector as shown in Table 3.11. Those working in the NHS were more likely to report working night shifts (28 per cent) or internal rotation (27 per cent). An early/late shift pattern was more prevalent amongst enrolled nurses in the private sector (38 per cent) followed by night shifts (31 per cent). The association between shift patterns and access to continuing professional development is examined in section 5.2.7 below.

Table 3.11 Enrolled nurses: shift patterns, by employment sector

	NHS	Private sector	Other	All
Internal rotation	27	18	31	25
Earlies and lates	24	38	21	27
Days only	21	13	27	20
Permanent nights	28	31	22	28
Base number	*7,272*	*2,403*	*892*	*10,567*

Source: IES Survey, 1996

Table 3.12 NHS enrolled nurses: clinical grade and increment

	% grade distribution	% at top increment	No.
C	18	83	1,400
D	63	86	4,866
E	16	81	1,262
F+	<1	55	66

Source: IES Survey, 1996

3.2.9 Clinical grading

Nearly all (99 per cent) enrolled nurses employed in the NHS were on clinical grades. Two-thirds (64 per cent) of those employed in the private sector were not on clinical grades. In general, however, employers in the private sector have followed Whitley and the Review Body recommendations in setting their pay rates to roughly parallel national scales. These data are similar to those found in a previous survey of registered nurses (Seccombe and Smith, 1996).

The distribution of clinical grades for NHS respondents is shown in Table 3.12. Almost two-thirds (63 per cent) reported they were employed on grade D, with most of the remainder on grades C or E. Small numbers (n=34) employed on grades A and B were working as nursing auxiliaries and a few (n=17) reported that they were on G, H or I grades.

The survey shows different patterns of clinical grading by country of residence (see Table 3.13). Enrolled nurses in Wales were more likely to be in grade E posts, while those in Northern Ireland and Scotland were more likely to be in grade C posts.

The narrow concentration on grades C, D and E is compounded by the fact that nearly all (80 per cent plus) of the respondents on each of these grades reported they were paid at the top increment (see Table 3.12). The implication of this is that the vast majority of enrolled nurses have no further opportunity for salary increases through incremental progression. If, as seems likely, many will also have little or no scope for promotion to a higher graded post, then the only pay mechanism they can rely on for a salary increase is an annual cost of living increase.

Table 3.13 NHS enrolled nurses: main clinical grades, by country of residence (per cent)

	England	Scotland	Wales	Northern Ireland
C	18	23	8	28
D	62	70	63	66
E	18	6	26	4
Base No.	*5,854*	*1,186*	*542*	*227*

Source: IES Survey, 1996

Table 3.14 NHS enrolled nurses: clinical grade by full-time/part-time employment

	Full time %	Part time %	Occasional %	Base No.
C	23	62	15	1,437
D	40	58	2	4,978
E	58	41	<1	1,282
F+	57	43	—	68

Source: IES Survey, 1996

Prior to recent attempts at introducing local pay to the NHS, the annual Review Body recommendation was a standard national pay uplift for all grades. The introduction of local pay in the NHS would mean that enrolled nurses working in different units and areas would have greater uncertainty about the composition and level of any pay increase, and most could no longer rely on additional and predictable incremental increases from any residual 'national' award.

It is unclear whether the 1997 Review Body report, with its recommendation of a 3.3 per cent increase in national scales, actually signals an end to local pay determination, or whether it is correct in suggesting that the development and implementation of local pay strategies will take longer than some originally envisaged (Review Body, 1997).

The distribution of grades by hours of work in main job is shown in Table 3.14. Enrolled nurses (NHS only) in higher graded posts (*ie* grades E and above) were more likely to work full time than those in grade C and D posts.

3.2.10 Job mobility

Those respondents who were working as enrolled nurses a year ago, or who were enrolled nurses at the time of the survey, were asked to indicate if they had changed jobs in the last twelve months. One in six (17 per cent) indicated that they had changed jobs. The 1996 IES/RCN survey reports that 13 per cent of enrolled nurses changed jobs between 1995 and 1996, compared with 25 per cent of first level registered nurses (Seccombe and Smith, 1996).[1]

There was little variation in the pattern of response from the four countries (14 per cent of enrolled nurses in Northern Ireland reported a job change, compared with 17 per cent in England). Respondents on Part 6 of the Register (mental handicap) were slightly more likely to report a job change (23 per cent) than those on other parts.

[1] The IES/RCN survey underestimates the true level of job change because it is a survey of those in full membership of the RCN. It is likely therefore that those retiring or leaving nursing may also leave their membership of the College and so be excluded from the sample.

Table 3.15 All respondents: reasons for changing jobs in the last twelve months

	%	No.
Dissatisfaction	25	436
Moved	10	167
Unit closure	8	139
Redundancy	6	101
Promoted	5	89
Ill health	4	74
End of temporary contract	4	69
Retired	4	68
Gained additional qualifications	4	67
Downgrading	1	15
Other	29	490
Base No.	*100*	*1,717*

Source: IES Survey, 1996

Reasons for job change in the last twelve months are shown in Table 3.15. Dissatisfaction with previous job was the most frequently (25 per cent) stated reason. No other category accounted for more than ten per cent of responses, apart from the 'other' category (29 per cent). A broad range of responses were covered by the 'other' category, with returning to employment, leaving employment for further study, and job change within the organisation, being the most common.

'Dissatisfaction' was more likely to be reported as the main reason for job change by this sample of enrolled nurses than was the case in the IES/RCN survey of registered nurses, where 19 per cent indicated dissatisfaction (Seccombe and Smith, 1996). Furthermore, 17 per cent of nurses who changed jobs in that survey gave promotion as the main reason, compared with five per cent of the respondents in this survey. These data suggest that enrolled nurses are less likely to change jobs for positive reasons, than are first level registered nurses.

Table 3.16 shows the length of time in post reported by enrolled nurses in the different employment sectors. Overall, one-third had been in post for eleven or more years, and a further quarter (26 per cent) had been in post for six to ten years. The comparative stability and lower rates of reported job moves of enrolled nurses has been commented on in previous studies (see *eg*, Buchan and Seccombe, 1991). Whilst such stability can be attractive to employers, it may also reflect a comparative lack of career opportunities for enrolled nurses, compared with first level registered nurses.

Reported long-term job stability was most apparent amongst enrolled nurses working in the NHS — 43 per cent of whom were in post for eleven years or more. Growth of employment in the nursing homes sector has been particularly marked since the

Table 3.16 Enrolled nurses: length of time in post, by employment sector (per cent)

	NHS	Private sector	Other	All
1 year or less	11	27	24	16
2-5 years	20	41	31	26
6-10 years	27	24	22	26
11-20 years	32	8	18	25
>20 years	11	1	5	8
Base No.	*7,648*	*2,527*	*1,003*	*11,178*

Source: IES Survey, 1996

early 1980s. This is reflected by the finding that two-thirds (68 per cent) of enrolled nurses working in the private sector had been in post for less than six years. Those respondents who had been in post for comparatively short periods of time (one year or less) were disproportionately more likely to be working in the private sector (27 per cent).

Four out of five enrolled nurses (83 per cent) expected to be in the same job one year after participating in the survey. Only 15 per cent of those in NHS nursing expected to change job, compared with 18 per cent in the private sector. This figure rises to 23 per cent for those in 'other' nursing employment (mainly due to high anticipated job change by agency nurses). There was little variation in response by age of respondent, with the exception of those nearing compulsory retirement age (*ie* the 60+ age group).

Analysis of these data by country of residence shows that enrolled nurses in Northern Ireland were less likely to anticipate a job change in the next 12 months. Only ten per cent of enrolled nurses in Northern Ireland expected to change jobs, compared with 18 per cent in England, 15 per cent in Scotland and 14 per cent in Wales.

Table 3.17 shows what enrolled nurses, who expected to change jobs, thought they would be doing in one year's time. Two-thirds of this group (63 per cent) worked in the NHS. Half of these NHS nurses believed they would remain in the NHS, but

Table 3.17 Enrolled nurses: anticipated job change, by employment sector (per cent)

	NHS	Private sector	Other	All
Same employer, different post	50	11	26	37
Different employer	24	70	45	38
Taking a break	4	6	10	5
Retired	14	10	12	13
Redundant	8	4	7	7
Base No.	*1,097*	*430*	*203*	*1,731*

Source: IES Survey, 1996

in a different post. A further 24 per cent believed they would move to a different employer, 14 per cent thought they would retire, and eight per cent believed they would be made redundant.

In the private sector, those expecting to change jobs (70 per cent) were more likely to believe they would change employers, with a further ten per cent expecting to retire.

Overall, the proportion of enrolled nurses who expected to change jobs over the next twelve months (17 per cent) was similar to the proportion who report that they had changed jobs in the year prior to the survey (18 per cent).

3.3 Summary

The main points of this chapter are:

- There has been a decline in the number of enrolled nurses employed in the NHS; they made up one-fifth of the registered nurse workforce in 1994.
- The pool of second level registrants not in nursing work is comparatively small.
- A large majority of employers reported a decline in the number of enrolled nurses that they employed, with a further reduction forecast in the future.
- Two-thirds of enrolled nurses responding to the survey were employed in the NHS.
- Three-fifths of enrolled nurses employed in the NHS worked in acute hospitals; the majority of those employed in the private sector worked in nursing or residential homes.
- One-fifth of enrolled nurses employed in the NHS worked in elderly care.
- Eight in ten enrolled nurses were employed on permanent contracts.
- Over half the enrolled nurses worked part time; three-quarters of these worked 20 hours or more a week.
- Nearly all NHS enrolled nurses were employed on grades C, D or E; the majority were at the top increment.
- One in six enrolled nurses had changed jobs in the last year; job dissatisfaction was the most common reason for a job change.
- One-third of enrolled nurses had been in post for more than ten years.
- One in five enrolled nurses anticipated a job change within the next 12 months; one-third of these believed they would remain with the same employer.

4. The Deployment and Role of Enrolled Nurses

4.1 Introduction

Rule 18(2) states that:

'courses leading to a qualification the successful completion of which shall enable an application to be made for admission to Part 2, 4, 6 or 7 of the register shall be designed to prepare the student to undertake nursing care under the direction of a person registered in Part 1, 3, 5 or 8 of the register and provide opportunities for the student to develop the competencies required to:

(a) assist in carrying out comprehensive observation of the patient and help in assessing her care requirements;

(b) develop skills to enable her to assist in the implementation of nursing care under the direction of a person registered in Part 1, 3, 5 or 8 of the register;

(c) accept delegated nursing tasks;

(d) assist in reviewing the effectiveness of the care provided;

(e) work in a team with other nurses, and with medical and para-medical staff and social workers;

related to the care of the particular type of patient with whom she is likely to come into contact when registered in that Part of the register for which the student intends to qualify.'[1]

In 1989 the UKCC registrar issued a letter of clarification emphasising that Rule 18(2) defined the competencies of second level registered nurses at the point of registration: *'the Rule does not, and should not, be seen as one that limits the enrolled nurse's competence and practice for all time'*. UKCC guidance in recent years has made it clear that the scope of practice of individual nurses should be determined according to their individual experiences and competencies. As we saw in Chapter 1, some enrolled nurses are reported to believe that their professional practice and employment prospects are being hampered by the continuing presence, or at least the interpretation by employers, of Rule 18(2).

This chapter uses data from the survey of employers to examine the extent of variation in interpretation of Rule 18(2) and its

[1] The Nurses, Midwives and Health Visitors Rules Approval Order 1983 Statutory Instrument No. 873

impact on recruitment. Data from the survey of registrants is used to consider the extent to which their nursing activities are restricted, and to examine job prospects as perceived by enrolled nurses.

4.2 Results

4.2.1 Employers' views of Rule 18(2)

Employers were asked to indicate whether they had heard of Rule 18(2). Seventy per cent indicated that they had, with 30 per cent reporting that they had not, heard of Rule 18(2). (Note that in the survey of registrants, one-third (35 per cent) of enrolled nurses also indicated that they had not heard of Rule 18(2).)

These figures vary by sector, with NHS employers much more likely (79 per cent) to indicate that they had heard of Rule 18(2), compared with non-NHS employers (51 per cent). In particular, only two-fifths (44 per cent) of nursing home respondents reported that they had heard of Rule 18(2).

Table 4.1 shows the proportion of employers in each sector who reported that they had heard of Rule 18(2).

Employers who reported that they had heard of Rule 18(2) were asked to indicate whether it influenced the deployment of second level registered nurses in their organisation. One in three (30 per cent) of these employers indicated that Rule 18(2) had influenced the deployment of enrolled nurses. Among NHS respondents this figure was 36 per cent, compared with 17 per cent among the non-NHS respondents.

Table 4.2 (opposite) shows the proportion of employers in each sector who reported that Rule 18(2) did influence deployment.

Two further findings from analysis of this data are significant:

- Firstly, we find that a higher proportion (76 per cent, compared with 62 per cent) of those who indicated that Rule 18(2)

Table 4.1 Employers: proportion who had heard of Rule 18(2), by sector

	% who had heard of Rule 18(2)	No.
NHS acute trust	84	135
NHS non-acute trust	72	109
NHS combined trust	81	73
Nursing homes	44	110
Independent acute	79	24
All employers	*70*	*451*

Source: IES Survey, 1996

Table 4.2 Employers: proportion reporting that Rule 18(2) influenced deployment

	% reporting Rule 18(2) influences deployment	No.
NHS acute trust	40	135
NHS non-acute trust	32	109
NHS combined trust	34	73
Nursing homes	15	110
Independent acute	21	24
All employers	*30*	*451*

Source: IES Survey, 1996

influenced deployment in their unit, also indicated that there were professional nursing activities which second level registered nurses were not allowed to perform.

- Secondly, those who indicated that Rule 18(2) influenced deployment in their unit, were less likely (59 per cent, compared with 74 per cent) to report that they accept applications from enrolled nurses for D grade vacancies.

Those employers who indicated that Rule 18(2) influenced deployment were asked to describe how deployment was affected. Their responses are summarised in Table 4.3. Note that some employers indicated more than one influence.

Four types of influence accounted for more than three-quarters of all the responses. These were:

- Second level registered nurses are supervised by first level registered nurses (33 per cent).
- Rule 18(2) limits the level of responsibility or practice of enrolled nurses (18 per cent).

Table 4.3 Employers: the influence of Rule 18(2) on enrolled nurse deployment

	% cases
Supervised by first level	33
Limits level of responsibility or practice	18
Not deployed until competence assessed	14
Can't be in charge	13
Can't assess/do care plans	9
Need further training	8
Competence on qualification	5
No longer applies since introduction of *Scope of Professional Practice*	5
Other	2
Base number	*142*

Source: IES Survey, 1996

- Enrolled nurses can't be deployed until their competence has been assessed (14 per cent).
- Enrolled nurses can't be in charge (13 per cent).

Only five per cent of respondents indicated that Rule 18(2) concerned 'competence on qualification', while a further five per cent believed that Rule 18(2) no longer applied following publication of the *Scope of Professional Practice*. Other frequently occurring responses were inappropriate in that they were about activities rather than deployment, for example, that second level registered nurses were not allowed to administer controlled drugs.

(Note that in the survey of registrants, less than ten per cent of enrolled nurses reported that Rule 18(2) influenced the way in which they were deployed at work.)

4.2.2 Role restrictions

Employers were asked to indicate whether there were any professional nursing activities (from a list of 12) which **all** second level registered nurses were not allowed to perform in their trust or unit. The majority (69 per cent) indicated that there were activities which enrolled nurses were not allowed to perform. A comparatively higher proportion of non-NHS respondents (79 per cent of independent acute hospitals and 71 per cent of nursing homes) indicated that there were activities which enrolled nurses were not allowed to perform.

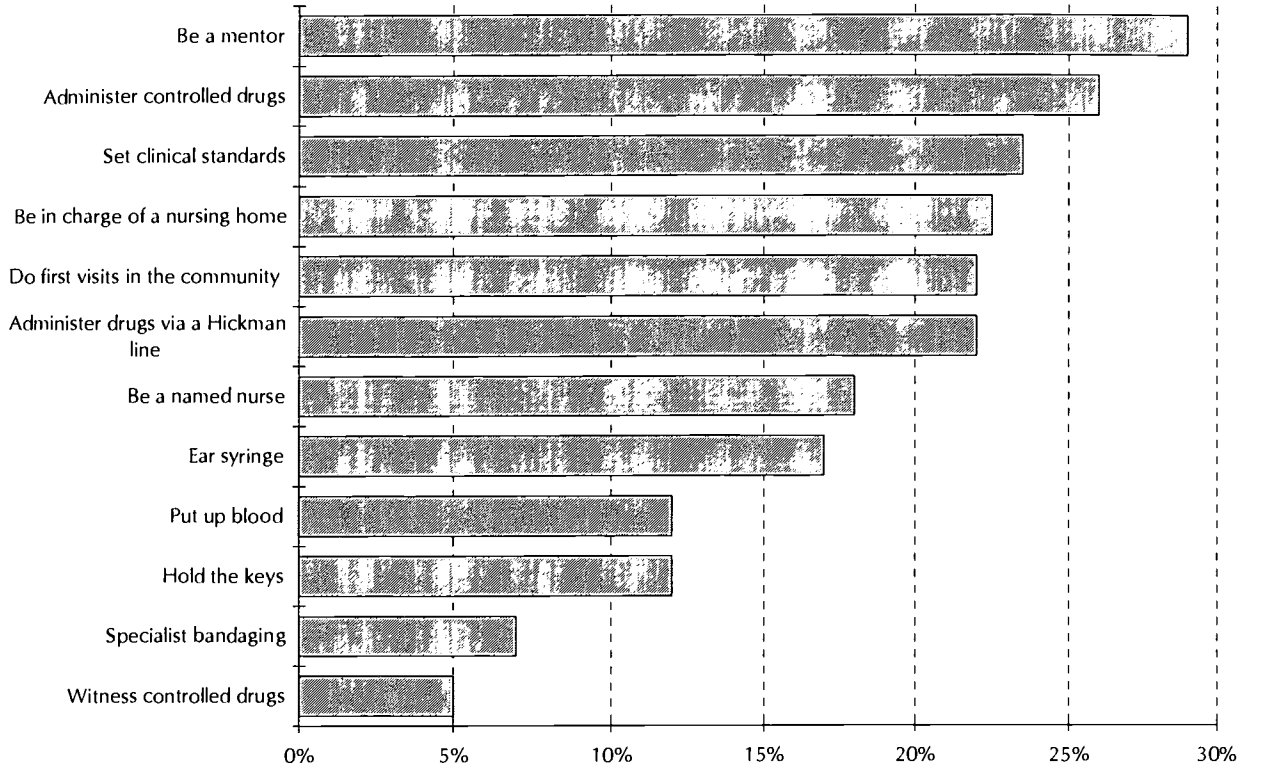
Figure 4.1 (overleaf) shows the most frequently cited activities which enrolled nurses were not allowed to undertake in their organisations. These were to:

- be a mentor (29 per cent)
- administer controlled drugs (26 per cent)
- set clinical standards (24 per cent)
- be in charge of a nursing home (23 per cent)
- do first visits in the community (22 per cent).

Note that 60 per cent of nursing home respondents stated that enrolled nurses could not be in charge of a nursing home, while 47 per cent of NHS community trust respondents reported that enrolled nurses could not do first visits in the community.

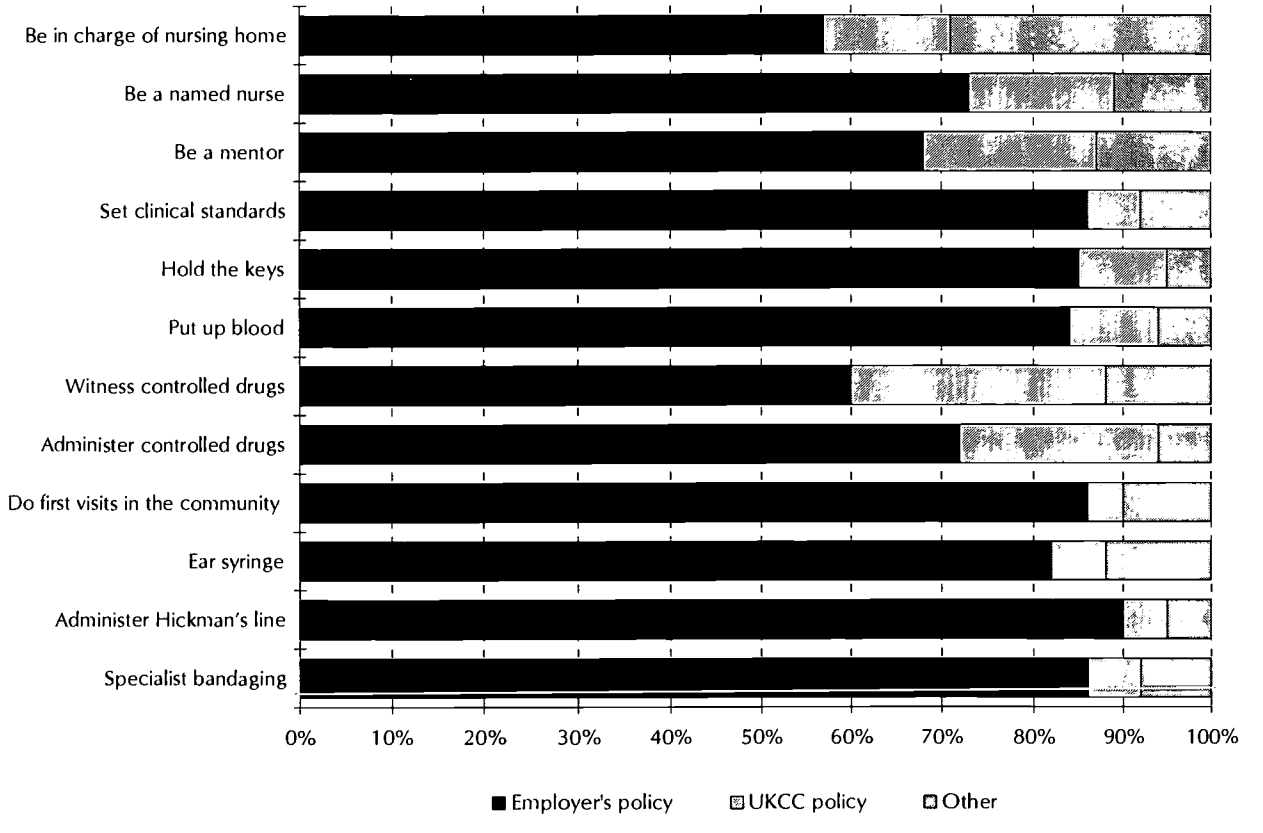
Employers were also asked to indicate the main reason why enrolled nurses were not allowed to perform these activities. Figure 4.2 shows that in each instance the vast majority of respondents indicated that it was because of their own policy.

Figure 4.1 Employers: restrictions on the activities of enrolled nurses



Source: IES Survey, 1996

Figure 4.2 Employers: sources of restriction on the activities of enrolled nurses



Source: IES Survey, 1996

In a number of cases, a significant minority of respondents cited UKCC policy as the main reason why enrolled nurses were not allowed to undertake activities. These included:

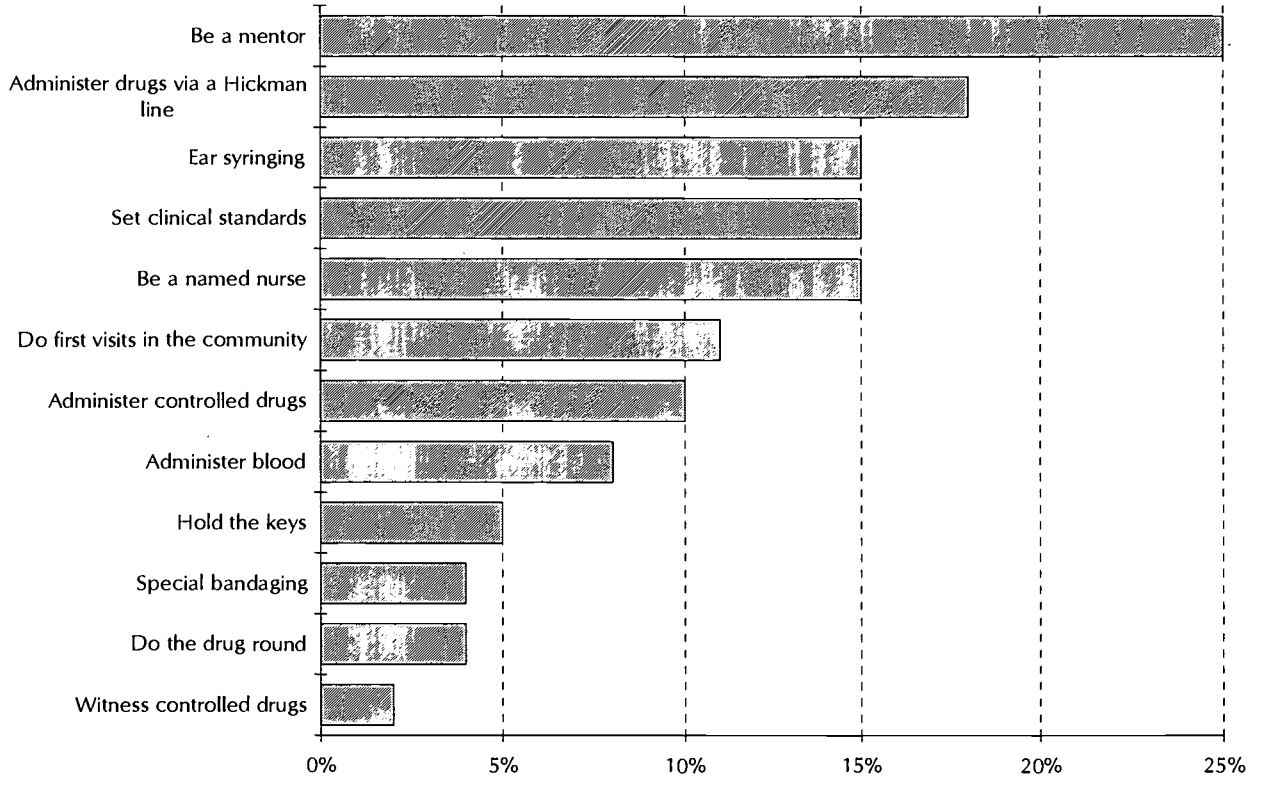
- to witness controlled drugs (28 per cent)
- to administer controlled drugs (22 per cent)
- be a mentor (19 per cent)
- be a named nurse (16 per cent)
- be in charge of a nursing home (14 per cent).

In the survey of registrants, enrolled nurses were asked to indicate if there were any nursing activities that they were not allowed to perform because of their second level registration status. Three-fifths (59 per cent) reported restrictions on their nursing activities.

Figure 4.3 shows the nursing activities that enrolled nurses most frequently reported that they were not allowed to perform. These were:

- be a mentor (25 per cent)
- administer drugs via a Hickman line (18 per cent)
- ear syringing (15 per cent)

Figure 4.3 Enrolled nurses: proportion reporting activities which they were not allowed to perform



Source: IES Survey, 1996

- set clinical standards (15 per cent)
- a named nurse (15 per cent).

This appears to validate the evidence presented from the employer survey: for example, 29 per cent of employers reported that enrolled nurses could not be a mentor, compared with 25 per cent of enrolled nurses who cited a restriction on this activity.

Enrolled nurses were asked to indicate the extent to which they agreed or disagreed with the statement: *'I am happy with my role'*. Those who reported role restriction were less likely to agree with the statement (49 per cent), compared with those who reported that their role was not restricted (64 per cent).

Results from the Delphi study suggested that the role of enrolled nurses would vary across the UK. The registrant survey data revealed similar variations. That is, there was an association between country of residence and reported role restriction. Three-quarters (75 per cent) of enrolled nurses in Northern Ireland reported that they were not allowed to perform some nursing activities, compared with 71 per cent in Scotland, 57 per cent in England and 50 per cent in Wales.

Role restriction was also associated with employment sector and main place of work. Table 4.4 shows that two-thirds (64 per cent) of enrolled nurses in the NHS were not allowed to perform some nursing activities, compared with half (49 per cent) in the private sector. Enrolled nurses (49 per cent) working in nursing or residential homes were less likely to report role restriction when, compared with three-fifths (62 per cent) in hospitals (acute and non-acute).

The extent to which enrolled nurses (NHS only) reported role restriction also varied with specialty (see Table 4.5). One in three enrolled nurses in outpatients reported role restriction, compared with seven in ten in paediatrics, mental health and the community. The source of this variation by specialty is not apparent from the survey data. It is apparent, however, that role restriction is not associated with whether enrolled nurses hold post-registration qualifications. (Note that we do not know whether these post-registration qualifications are relevant to the specialty in which respondents were actually working.)

Table 4.4 Enrolled nurses: proportion reporting restrictions on their nursing activities, by employment sector

	%	No.
NHS	64	7,509
Private sector	49	2,427
Other	49	937
Total	*59*	*10,873*

Source: IES Survey, 1996

Table 4.5 NHS enrolled nurses: proportion reporting role restriction by specialty

	%	No.
Paediatrics	74	296
Mental Health	74	772
Community	72	810
Medical	68	981
Elderly care	67	1,397
Surgical	65	659
Orthopaedics	62	435
Learning difficulties	59	321
Theatre or ITU	50	747
Outpatients	30	305
Other	56	747

Source: IES Survey, 1996

Role restriction was also associated with shift pattern. Enrolled nurses employed in the NHS and deployed on day shifts (*eg*, nine to five) were less likely to report role restrictions (56 per cent) than those on internal rotation (67 per cent). There is likely to be a degree of co-variance between specialty and shift pattern which may explain some of this association. For example, the majority of enrolled nurses working in outpatients reported working days only.

We might reasonably hypothesise that the longer nurses have been in post, the more experience they will have gained and therefore will be less likely to have their roles restricted. In practice, however, analysis by length of time in current post revealed an inverse association. Two-thirds (64 per cent) of enrolled nurses who had been in their post for more than ten years, reported that they were not allowed to perform some nursing activities, compared with half (54 per cent) who had been in their post for less than one year.

Role restriction was also associated with clinical grading. Enrolled nurses (NHS only) on higher clinical grades were less likely to have reported role restriction; 43 per cent of enrolled nurses on grade E reported role restrictions, compared with 64 per cent on grade D and 74 per cent on grade C. This suggests that, in some circumstances, roles may be restricted as a consequence of the grading criteria.

Enrolled nurses were asked to indicate the extent to which they agreed or disagreed (on a five point scale) that the work they did was reflected in their clinical grade. The statements were:

- *I seldom work beyond my grade*
- *My grade is a good reflection of the work I do*

- *I am treated in the same way as a first level registered nurse on the same grade.*

Note that responses to these statements are presented for enrolled nurses employed in the NHS only.

Nearly two-fifths (38 per cent) agreed with the statement: *'I seldom work beyond my grade'*. Analysis by grade showed that those on grade E (44 per cent) were more likely to agree with the statement than those on grade D (38 per cent) or grade C (32 per cent).

Half (49 per cent) agreed with the statement: *'my grade is a good reflection of the work I do'*. There was variation in response by grade. Those employed on grade C were less likely to agree with the statement than those employed on grade E (17 per cent, compared with 86 per cent).

Half (50 per cent) of enrolled nurses on grades similar to the majority of first level registered nurses agreed with the statement: *'I am treated in the same way as a first level registered nurse on the same grade'*. Again those on grade E were more likely to agree than those on grade D (64 per cent, compared with 46 per cent).

Analysis of role restriction and conversion status also revealed that enrolled nurses who were currently converting were more likely to report role restrictions than those with no plans to convert (64 per cent, compared with 56 per cent). Role restriction may therefore be a factor encouraging some enrolled nurses to convert. Enrolled nurses who reported that their roles were restricted were also more likely to agree (49 per cent) with the statement: *'I feel under pressure to convert'* than those who reported that their roles were not restricted (45 per cent agreed).

4.2.3 Recruiting enrolled nurses

The survey was concerned to establish the extent to which employers discriminated against enrolled nurses in recruitment, and the reasons for such discrimination. Overall, one-third of employers indicated that they did not accept applications from enrolled nurses for vacant D grade (or equivalent) posts. This proportion varied little across the employing sectors. However, there was some variation by country, with 90 per cent of NHS trusts in Wales reporting that they accepted applications, compared with 66 per cent in England,[1] 52 per cent in Scotland and only 29 per cent in Northern Ireland.

A number of employers noted that until recently it had been their trust or unit policy not to accept applications from enrolled nurses for vacant D grade (or equivalent) posts, but that

[1] The figures for England vary by region from lows of 43 per cent in North Western and 46 per cent in West Midlands, to a high of 90 per cent in South & West.

Table 4.6 Employers: reasons for not accepting applications from enrolled nurses for D grade vacancies

	%
Recruitment at first level only	35
Encourage conversion	13
Limitations on practice	11
Posts not graded	11
Health authority/inspectorate policy	11
Costs of conversion	10
Poor value for money	6
No recruitment problem	3
Can't be in charge of nursing home	3
Need additional qualifications	3
No posts available	2
Rule 18(2)	1
Other	1
Base number	*176*

Source: IES Survey, 1996

'shortages' of first level registered nurses meant that they had revoked this practice.

Employers who reported that it was not their policy to accept applications for D grade posts from enrolled nurses, gave a variety of reasons for not doing so. These are summarised in Table 4.6. Note that one-fifth gave more than one reason.

The main reason (*'because we only recruit first level registered nurses'*), which was given by 35 per cent of respondents, is a rather unhelpful circular argument. In some instances, however, it reflects the nature of the unit. For example, the Mental Health Act makes clear that, under Section 5(4): *'only a first level registered nurse may lawfully prevent an informal in-patient receiving medical treatment for mental disorder from leaving the hospital for up to six hours or until a doctor arrives ...'* And, that a suitably qualified nurse should be on all wards where there is a possibility of Section 5(4) being invoked.

Three other main factors emerged. These are:

- Conversion — 13 per cent reported that they did not accept applications from enrolled nurses at this grade because they were trying to convert all their existing enrolled nurses to first level registration. A further ten per cent cited the costs of conversion as a factor.
- Restrictions imposed by the health authority or nursing homes inspectorate policy — cited by 68 per cent of nursing

home respondents. Others also made the related point that enrolled nurses: *'can't be in charge of a ward or nursing home'*.

- Limitations on practice — eleven per cent cited limitations on enrolled nurses' practice (*eg*, can't administer controlled drugs, can't be mentors).

Clearly, the survey evidence suggests that employers have interpreted legislation such as Rule 18(2) and the Registered Homes Act 1984 in a variety of ways and that this influences their recruitment and deployment of enrolled nurses. In practice the Registered Homes Act 1984 does not stipulate that first level registration is required. The National Association of Health Authorities' 1988 supplement to *The Registration and Inspection of Nursing Homes: a Handbook for Health Authorities*, states that: *'where the person-in-charge is a nurse, he/she must be a first level nurse registered by the UKCC. The Registration authority has discretion ..., to determine which type of registered nurse is appropriate for each individual home, bearing in mind the category of patients accommodated'* (para 3.3). The nursing staff specified by the Registration authority may include: *'second level registered nurses ... provided they have had suitable nursing experience ...'* (para 3.4). Further, the handbook suggests that: *'Ideally there should be a first level nurse on duty at all times. The Advisory Group, however, feels that at the discretion of the Registration Authority a second level nurse could be in charge of the home ...'*, (para 4.1g) subject to certain stipulations. For example, the first level nurse who has charge of the home overall, has to provide effective leadership and accept full, continuing and permanent responsibility for the home. The National Association of Health Authorities and Trusts' 1993 publication *The Independent Acute Hospitals and Services: supplement to Registration and Inspection of Nursing Homes* does not suggest a change has occurred in the specification of nursing staff.

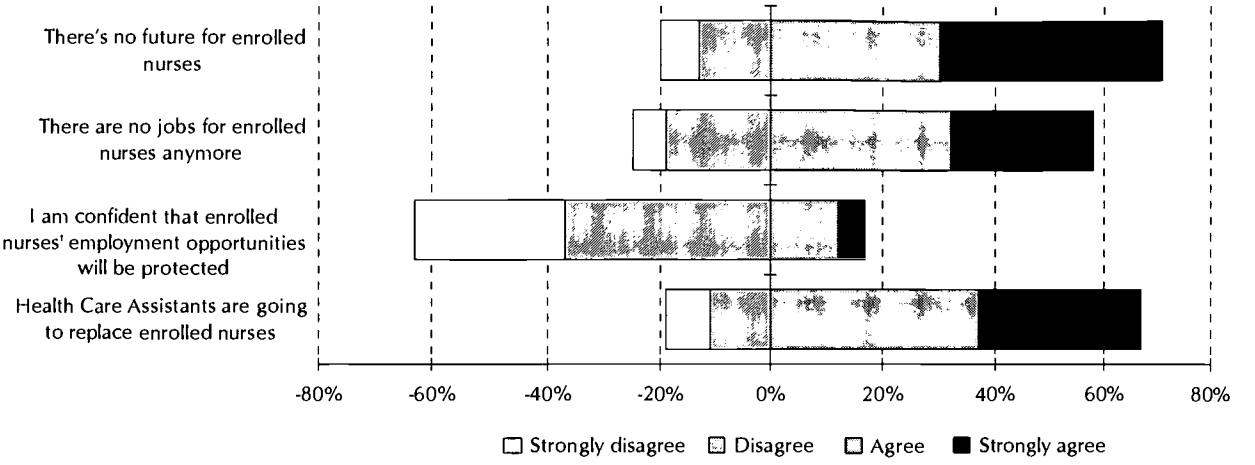
In the next section we examine enrolled nurses' perceptions of job security in light of these findings.

4.2.4 Job security

Enrolled nurses were asked to indicate the extent to which they agreed or disagreed with a number of attitude statements about job security and future employment prospects.

Seven in ten (71 per cent) agreed with the statement: *'there's no future for enrolled nurses'* and 58 per cent agreed that: *'there are no jobs for enrolled nurses anymore'* (see Figure 4.4). Only one in six (17 per cent) agreed with the statement: *'I am confident that enrolled nurses' employment opportunities will be protected'*. Two-thirds (67 per cent) agreed with the statement: *'Health Care Assistants are going to replace enrolled nurses'*. The overriding impression from these data is that enrolled nurses are pessimistic about their future employment prospects in nursing.

Figure 4.4 Enrolled nurses: perceptions of future nursing employment



Source: IES Survey, 1996

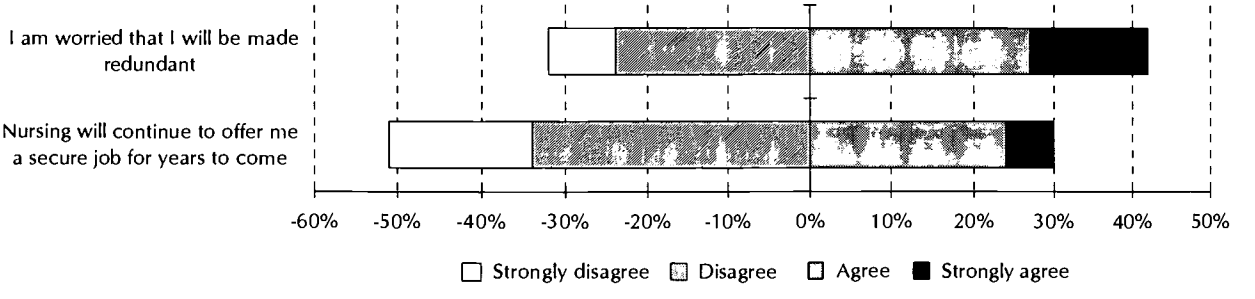
Those working in the NHS were least positive about the availability of jobs for enrolled nurses. Sixty-one per cent agreed with the statement: *'there are no jobs for enrolled nurses anymore'*, compared with 51 per cent of those working in the private sector.

Enrolled nurses were also asked to indicate their agreement or disagreement with a number of other statements concerned with their own job security, rather than the future of enrolled nurses generally. More than two-fifths (42 per cent) agreed with the statement: *'I am worried that I will be made redundant'* (Figure 4.5).

There was some variation in response by employment sector, conversion plans and restrictions on nursing practice. (Note: there was little difference in the responses by clinical grade (NHS nurses only), type of contract or job hours.) Firstly, concerns about redundancy were more likely to be expressed by enrolled nurses employed in the NHS. A large minority (45 per cent) of NHS nurses agreed with the statement: *'I am worried that I will be made redundant'*, compared with one-third (33 per cent) in the private sector.

Secondly, concerns about redundancy were least likely to be expressed by those currently converting to first level registration. One-third (34 per cent) of enrolled nurses currently converting

Figure 4.5 Enrolled nurses: perceptions of job security



Source: IES Survey, 1996

agreed with the statement: *'I am worried that I will be made redundant'*, compared with 46 per cent of those trying to get on a course and 42 per cent of those planning to convert later. Forty-three per cent of those who do not plan to convert agreed with the statement.

Thirdly, enrolled nurses who did not report restrictions on nursing practice were less likely to agree with the statement: *'I am worried that I will be made redundant'*. Thirty-six per cent of these agreed with the statement, compared with 46 per cent of those who did report role restrictions.

Less than one-third (31 per cent) of enrolled nurses agreed with the statement: *'nursing will continue to offer me a secure job for years to come'* (see Figure 4.5). There was some variation in response by employment sector and role restriction. (Note: there was little difference in the responses by type of contract, job hours, clinical grade (NHS nurses only) or conversion plans.) First, enrolled nurses employed in the private sector were more likely to agree with this statement than those in the NHS (41 per cent, compared with 31 per cent). Secondly, those who did not report restrictions on nursing practice were also more likely to agree with the statement (35 per cent, compared with 27 per cent).

4.3 Summary

Key findings of this chapter include:

- Nearly one-third of employers said they had not heard of UKCC Rule 18(2); a minority reported that it influenced deployment.
- More than two-thirds of employers identified activities which enrolled nurses were not allowed to perform.
- In most cases role restrictions were said to stem from the employer's own policies or from UKCC policy.
- Three-fifths of enrolled nurses reported that they were unable to perform some nursing activities because of their second level registration status.
- Enrolled nurses who reported restrictions on their activities were less likely to agree that: *'they were happy with their role'*.
- One-third of employers reported that they did not accept applications from enrolled nurses for vacant D grade posts, mainly because of conversion costs and restrictions on practice.
- A majority of enrolled nurses were pessimistic about their future employment prospects in nursing.

5. Conversion, Professional Development and Careers

5.1 Introduction

The shift towards a primary-care led service and transformations in the delivery of care, mean that nursing careers are becoming both less predictable, less linear and more complex. Recent years have seen an erosion of the clinical hierarchy as health care providers have adopted flatter and more varied structures. This has been accompanied by the significant growth of clinical careers in community and primary care and in the independent and wider health care sectors.

For enrolled nurses, other substantive change has been occurring in parallel with these broader developments. In particular, the implementation of Project 2000 has brought the end of training for entry to the second level Parts of the Register and has also highlighted the need for conversion opportunities for those who wish to convert to first level registration.

Data from the National Boards (see Table 5.1) shows that the number of conversion places available in England has fallen from its peak of 7,857 in 1991/92 and that intakes to conversion courses in Wales and Northern Ireland have also dropped in recent years. In Scotland, intakes (to 'bridging' courses) more than halved between 1992/93 and 1994/95.

Approximately 36,800 individuals converted to first level registration in GB between 1987/88 and 1994/95. The numbers of successful conversions peaked in 1992/93 at 7,369 (see Table 5.2).

Table 5.1 Intakes to enrolled nurse conversion courses, by country, 1987/88 to 1994/95

	1987/88	1988/89	1989/90	1990/91	1991/92	1992/93	1993/94	1994/95
England*	na	na	na	4,379	7,857	5,877	6,958	5,946
Wales	na	na	157	248	403	329	548	456
Northern Ireland	105	98	85	93	226	204	233	194
Scotland†	356	405	372	476	657	628	350	271

* Data for England is for the number of conversion course places available.

† Data for Scotland is for intakes to bridging courses.

Source: IES/English National Board/Welsh National Board/National Board for Scotland/National Board for Northern Ireland

Table 5.2 Successful conversion to first level registration, by country, 1987/88 to 1994/95

	1987/88	1988/89	1989/90	1990/91	1991/92	1992/93	1993/94	1994/95
England*	527	1,352	2,483	4,917	5,760	6,733	5,488	1,726
Wales	na	na	62	136	195	263	297	305
Scotland	198	260	327	379	358	373	422	354

* Figures for England 1994/95 are for part of the year only.

Source: IES/Figures for England are taken from Hemsley-Brown and Humphreys (1996)/Welsh National Board/National Board for Scotland

The survey evidence on enrolled nurses' careers has to be considered against the backdrop of more general change in the ways in which careers are viewed by individuals and organisations. Recent relevant organisational change in the NHS has included: attempts by providers to cut costs by reducing the workforce, restructuring through delayering and devolving, the increased outsourcing of some activities (*eg*, the growing use of bank and agency nursing staff), and attempts to achieve greater flexibility through numerical, temporal and functional changes (*eg*, the growth of short-term contracts, changing shift patterns and increased use of health care assistants).

These changes are occurring at the same time as participation rates in nursing are rising and the labour market dominance of the NHS is falling. The proportion of 'qualified' nurses working in nursing has risen from 60 per cent in 1971 (Sadler and Whitworth, 1975) to 68 per cent in 1991 (Lader, 1995), with a further 17 per cent engaged in non-nursing employment.

Other relevant factors include: persistent high unemployment and redundancy fears, which may act to dampen turnover and wastage from nursing jobs, which appear comparatively secure; higher school staying-on rates, with more students entering further and higher education; more varied and complex routes to qualification in nursing and emphasis, through PREP, on continuing professional development.

To summarise, these factors mean that there is a more varied workforce with more complex domestic responsibilities working in smaller organisations and in times of greater insecurity. For individuals, there is greater need for careers which enable them to balance domestic and work roles in an environment of uncertainty.

In career terms the effect of this turbulence has been to:

- encourage a rhetoric that career opportunities are limited
- confuse staff and managers over career patterns
- modify traditional career paths
- make promotions more problematic where there are fewer layers

- produce greater employer and employee uncertainty about the future
- pose questions about career development for those on atypical contracts of employment
- pressurise employees to work harder and longer hours
- to transfer more responsibility for career development to the individual.

The chapter begins by examining respondents' attitudes towards first level conversion, current conversion status, reasons for conversion, barriers to conversion, and sources of funding. These findings are, compared with the responses of employers. The chapter also examines enrolled nurses' access to continuing professional education and development opportunities, and concludes by looking at their career satisfaction and career progression.

5.2 Results

5.2.1 Conversion to first level registration

Respondents were asked to indicate the extent to which they agreed or disagreed with two statements about conversion. The statements were:

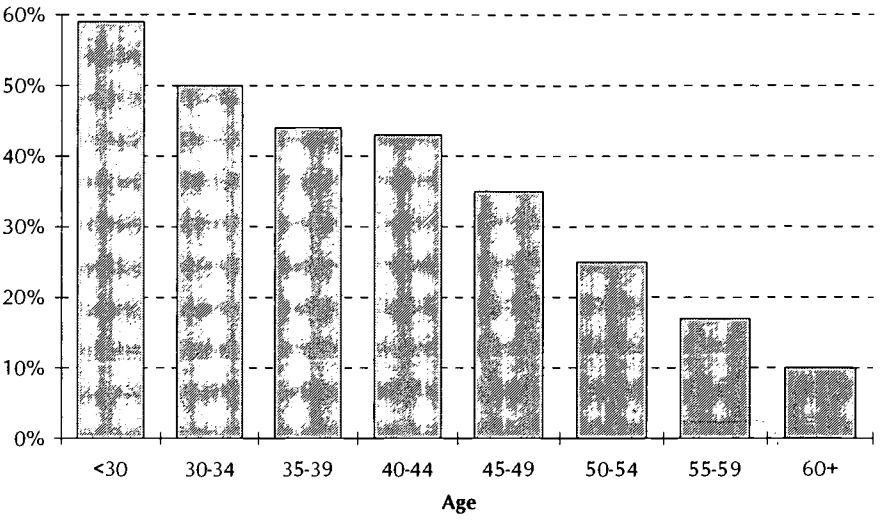
- *I feel under pressure to convert*
- *enrolled nurses have not been given enough help to convert.*

Nearly half (46 per cent) of all respondents agreed with the statement: *'I feel under pressure to convert'*. Despite this, the majority (72 per cent) agreed that: *'enrolled nurses have not been given enough help to convert'*. Analysis by employment sector reveals some variation in response. Marginally more (48 per cent) enrolled nurses in the NHS agreed with the statement: *'I feel under pressure to convert'*, than those in the private sector (44 per cent). A greater proportion (77 per cent) of enrolled nurses in the private sector agreed that: *'enrolled nurses have not been given enough help to convert'*, compared with those in the NHS (69 per cent).

Female enrolled nurses were more likely to agree that: *'I feel under pressure to convert'* than males (47 per cent and 37 per cent respectively). Further, younger enrolled nurses (particularly those under 30) were more likely to agree that: *'I feel under pressure to convert'* than those aged 50 and over.

Respondents were asked if they had ever applied to do a conversion course. In total, nearly two-fifths (38 per cent) reported that they had, at some time, applied for a conversion course place. Evidence from previous surveys shows that this proportion has remained constant since the early 1990s (Buchan and Seccombe, 1991; Seccombe and Patch, 1995). Younger

Figure 5.1 All respondents: proportion ever applying for a conversion course place, by age group



Source: IES Survey, 1996

respondents were more likely to have applied for a conversion course place. Those aged 30 to 34 were almost twice as likely to have applied as those aged 55 or above (see Figure 5.1).

Respondents were asked to indicate (from a list of four) the most useful source of information about conversion courses. In most cases, word of mouth, rather than more formal sources of information, had been most useful to them (see Table 5.3). Only 15 per cent rated their employer as most useful, and 11 per cent identified a nursing college as the most useful, source of information. This response suggests that many potential 'converters' have relied primarily on informal, and perhaps incomplete, information when making decisions on whether or not to convert.

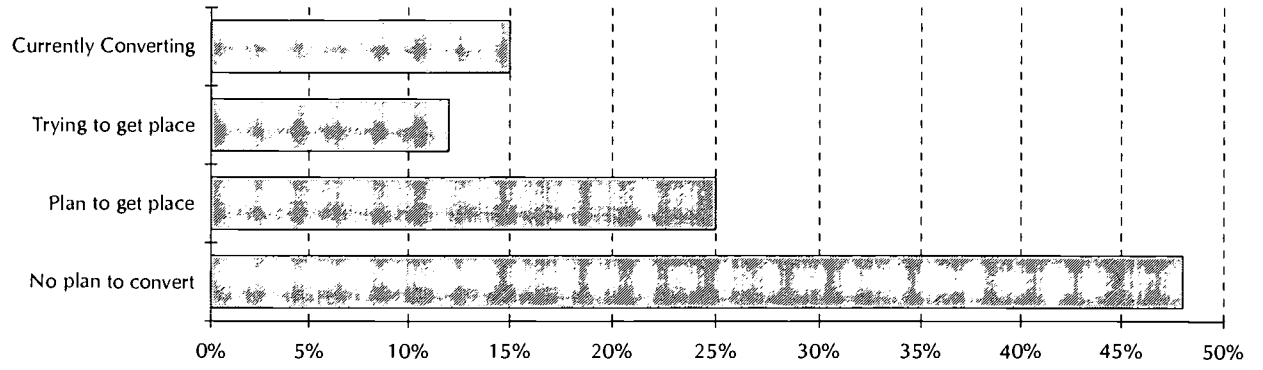
The current status of respondents in relation to conversion courses is shown in Figure 5.2. Almost half (48 per cent) the total number of respondents indicated that they had no intention of converting, and a quarter (25 per cent) reported that they were not currently trying to get on a course but planned to do so in the future. The remaining respondents were split between those

Table 5.3 All respondents: source of most useful information on conversion courses

	%	No.
Word of mouth	49	5,812
Nursing press	17	2,077
Employer	15	1,795
Nursing college	11	1,309
More than one source	8	925
Base No.	*100*	*11,918*

Source: IES Survey, 1996

Figure 5.2 All respondents: conversion course enrolment and plans



Source: IES Survey, 1996

who were currently converting (15 per cent) and those who were trying to get on a conversion course (12 per cent).

There was some variation in respondents' conversion status and plans when examined by Part of the Register. In particular, 61 per cent of those on Part 7 of the Register indicated that they did not wish to convert, compared with 45 per cent on Part 2 , 50 per cent on Part 4 and 53 per cent on Part 6. Older respondents were also much more likely to indicate that they had no plans to convert (see Table 5.4) while those under 35 were more likely to have been currently converting, trying to get a place or planning to convert in the future.

In relation to current employment sector (see Table 5.5), enrolled nurses working in the private sector were more likely to have had no plans to convert, and were less likely to have been currently converting, than those working in the NHS. Almost two-fifths (39 per cent) of those in non-nursing work and 37 per cent of those who were not currently working, were either currently converting, trying to get a conversion course place or planning to convert in the future.

Analysis by workplace shows that while 21 per cent of acute, and 13 per cent of non-acute, hospital based enrolled nurses were currently converting, only eight per cent of those working in nursing or residential homes were doing so. The latter were more likely (55 per cent, compared with 42 per cent in acute hospitals) to report that they had no plans to convert.

Table 5.4 All respondents: conversion course enrolment and plans, by age group (per cent)

	<30	30-34	35-39	40-44	45-49	50-54	55-59	60+
Currently converting	26	22	18	19	13	7	3	<1
Trying to get place	18	14	15	14	11	6	4	2
Plan to get place	38	38	35	27	20	11	5	2
No plan to convert	17	26	32	41	56	76	88	96
Base No.	*269*	*1,976*	*3,373*	*2,712*	*2,183*	*1,545*	*1,065*	*588*

Source: IES Survey, 1996

Table 5.5 All respondents: conversion course enrolment and plans by employment sector (per cent)

	NHS nursing	Private sector nursing	Other nursing	Non-nursing work	Not working
Currently converting	22	9	11	>1	2
Trying to get place	15	10	10	3	4
Plan to get place	20	31	34	35	31
No plan to convert	43	51	46	62	64
Base No.	*7,812*	*2,562*	*1,058*	*1,067*	*1,118*

Source: IES Survey, 1996

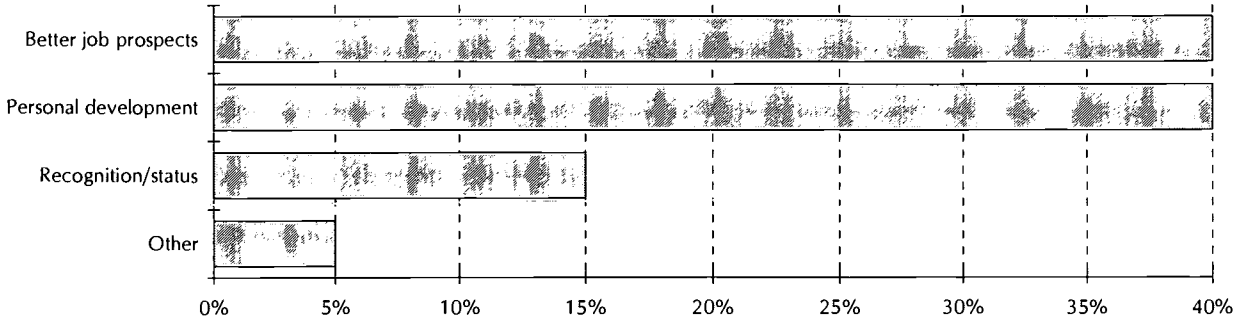
Only one in six (17 per cent) enrolled nurses (NHS only) working permanent nights were currently converting, compared with 22 per cent of those on days, 27 per cent on earlies and lates and 35 per cent on those on internal rotation. One-third (33 per cent) of those on nights reported that they had no plans to convert, compared with only one-fifth (22 per cent) of those on internal rotation.

5.2.2 Respondents currently converting

A total of 2,115 respondents (15 per cent) indicated that they were currently converting. Figure 5.3, which shows the main reason which respondents gave for converting, highlights: *'better job prospects'* (40 per cent) and *'personal development'* (40 per cent) as the most frequently occurring. The small number of 'other' responses were mainly linked to improving job security or reported pressure to convert.

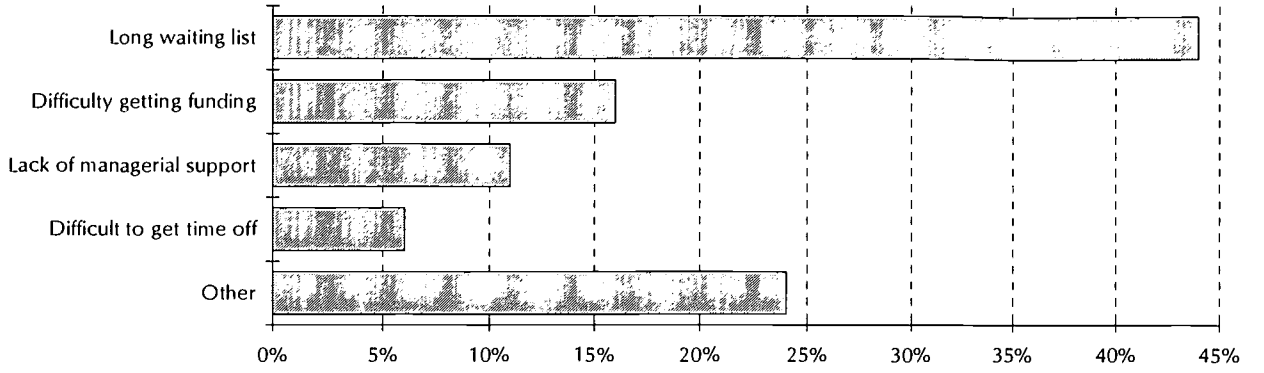
Respondents currently on conversion courses were asked what problems, if any, they had experienced in trying to get on a conversion course (see Figure 5.4). A long waiting list was the most commonly reported problem (44 per cent of respondents). 'Other' responses covered a broad range of reasons, including personal circumstances, lack of part-time courses and lack of appropriate qualifications. The pattern of response by country shows some variation, with long waiting lists being more commonly reported in Scotland (49 per cent) and Wales (52 per

Figure 5.3 Respondents currently converting: main reasons for converting



Source: IES Survey, 1996

Figure 5.4 Respondents currently converting: problems in getting on a conversion course



Source: IES Survey, 1996

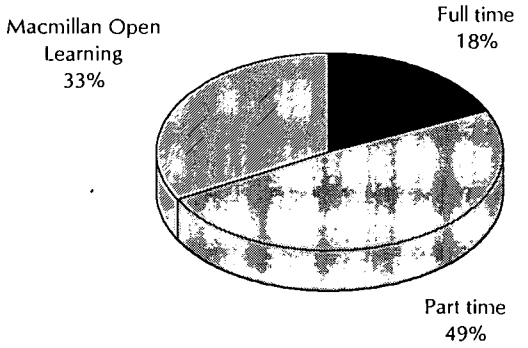
cent), compared with England (43 per cent) and Northern Ireland (43 per cent).

The type of conversion course being undertaken by respondents is shown in Figure 5.5. Full-time conversion courses were reported by nearly one-fifth (18 per cent) of all respondents, with higher proportions in Northern Ireland (50 per cent) and Scotland (25 per cent). Part-time courses were most common overall, being reported by 49 per cent of respondents, with a markedly higher incidence in Wales (85 per cent) and among those working in the private sector (88 per cent, compared with 71 per cent of those in the NHS). The Macmillan Open Learning approach was being used by 34 per cent of respondents overall, rising to 54 per cent in Scotland.

Half the respondents indicated that their previous nursing experience and knowledge had been taken into account through Accredited Prior Learning (APL). This proportion rose to two-thirds (66 per cent) for those on full-time 52 week courses, compared with 56 per cent of those on part-time modular style courses. Those undertaking the Macmillan Open Learning course were less likely (35 per cent) to report APL.

Funding difficulties have been highlighted as a possible problem in preventing nurses undertaking conversion. Three-quarters (73

Figure 5.5 Respondents currently converting: conversion course types



Source: IES Survey, 1996

Table 5.6 Respondents currently converting: source of funding, by employment sector

	NHS %	Private sector %
By employer:		
All	79	31
Part	12	28
Self funded	7	38
Other	2	3
Base No.	*1,707*	*223*

Source: IES Survey, 1996

per cent) of those who were currently converting reported that they had received full funding from their employer and a further 14 per cent received part of their funding from their employer. One in ten nurses were self funded. Enrolled nurses employed by the NHS were more likely to report full funding from their employer (79 per cent) than those in the private sector (31 per cent) (see Table 5.6).

Full-time or part-time working made no difference to the pattern of funding; 72 per cent of full-time and 75 of part-time enrolled nurses reported that they received full funding from their employer.

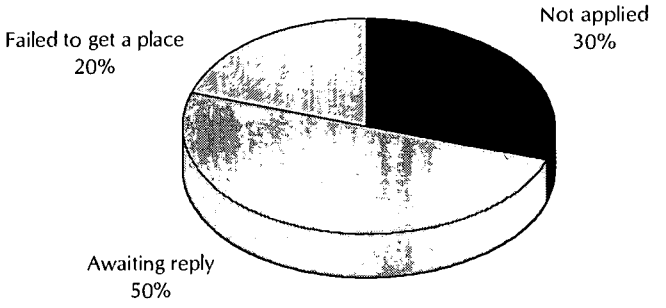
Another reported difficulty, which might discourage some from converting, is that their employer may not guarantee them a job on return. The response of those currently converting indicated that an overwhelming majority (96 per cent) anticipated that their job would be kept open.

Respondents were asked to indicate what effect successful conversion would have on their job grading. Three-quarters (73 per cent) of respondents (excluding those converting via distance learning courses) reported that they expected to return to their post on the same grade, with 27 per cent expecting to return at a higher grade. Those working in the NHS were more likely (78 per cent) to anticipate return at the same grade, with 22 per cent expecting to return at a higher grade. In contrast the majority (61 per cent) of enrolled nurses in the private sector indicated that they expected to be upgraded on successful completion of their conversion.

5.2.3 Respondents trying to get on a conversion course

One-tenth (12 per cent) of respondents indicated that they were currently trying to get on a conversion course. The pattern of reasons reported for wanting to convert was almost identical to that of those currently on conversion courses: most respondents were looking for better prospects (39 per cent) or for personal development (41 per cent).

Figure 5.6 Respondents seeking conversion: application status in the last 12 months



Source: IES Survey, 1996

Half (50 per cent) of the respondents trying to get on a conversion course reported that they had applied for a place in the last 12 months and were awaiting a reply. One-fifth (20 per cent) of those who had applied had not secured a place (see Figure 5.6). The proportion who failed to get a conversion course place ranged from 13 per cent in Wales and 18 per cent in England and Northern Ireland, to 31 per cent in Scotland. The remainder had not yet applied.

Respondents were asked if their employer had approved their application for a conversion course place. Six out of ten respondents (60 per cent) indicated that they had received employer approval. A slightly higher proportion (63 per cent) of enrolled nurses in the NHS indicated they had received approval, compared with those in the private sector (58 per cent).

Long waiting lists (46 per cent) and funding difficulties (26 per cent) were the most commonly reported problems in getting on a conversion course. This varied by employment sector with those in the NHS being more likely to report long waiting lists (51 per cent) and those in the private sector being more likely to report funding difficulties (43 per cent) (see Table 5.7). 'Other' reported problems included: a lack of qualifications; difficulty getting appropriate information; a lack of part-time courses; and personal circumstances.

Table 5.7 Respondents seeking conversion: barriers to conversion, by employment sector

	NHS %	Private sector %
Long waiting list	51	32
Difficulty getting funding	22	43
Lack of managerial support	10	5
Difficulty getting time off	2	2
Other	16	18
Base No.	*1,069*	*226*

Source: IES Survey, 1996

Table 5.8 Respondents planning to convert: reason for delaying

	%
Family commitments	55
Lack of funding	22
No places available	7
Not working enough hours	3
Other	13
Base No.	*3,420*

Source: IES Survey, 1996

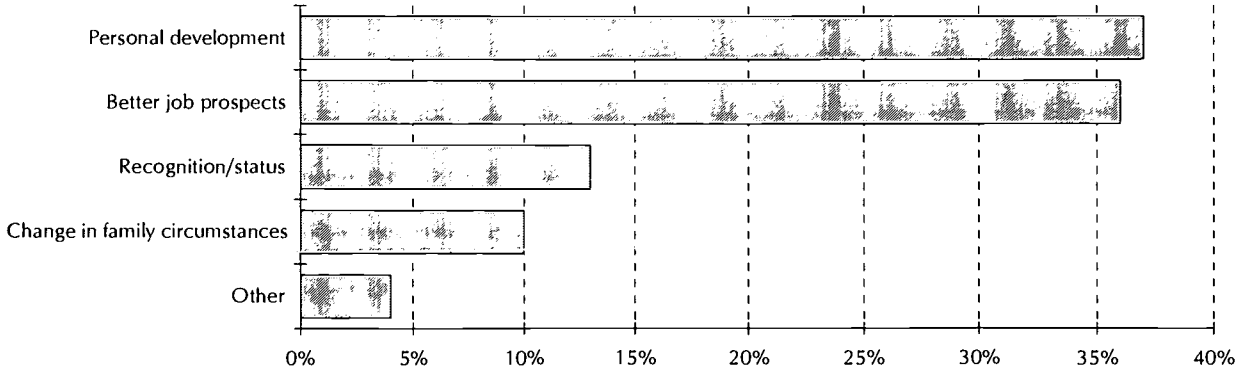
5.2.4 Respondents planning to convert one day

A quarter (25 per cent) of respondents indicated that they planned to convert at some point in the future. The main reasons for not converting now are shown in Table 5.8. 'Family commitment' was highlighted by more than half (55 per cent) of these respondents, with a further 22 per cent indicating lack of funding as the main problem. 'Other' reasons included: not employed in nursing; the reported need for further study; lack of confidence; lack of information; course location and worried about losing job.

Respondents were also asked to indicate the main reason why they planned to convert in the future (see Figure 5.7). Personal development (38 per cent) and better job prospects (37 per cent) were the most common reasons given. There was little variation between those respondents in the NHS and those in the private sector.

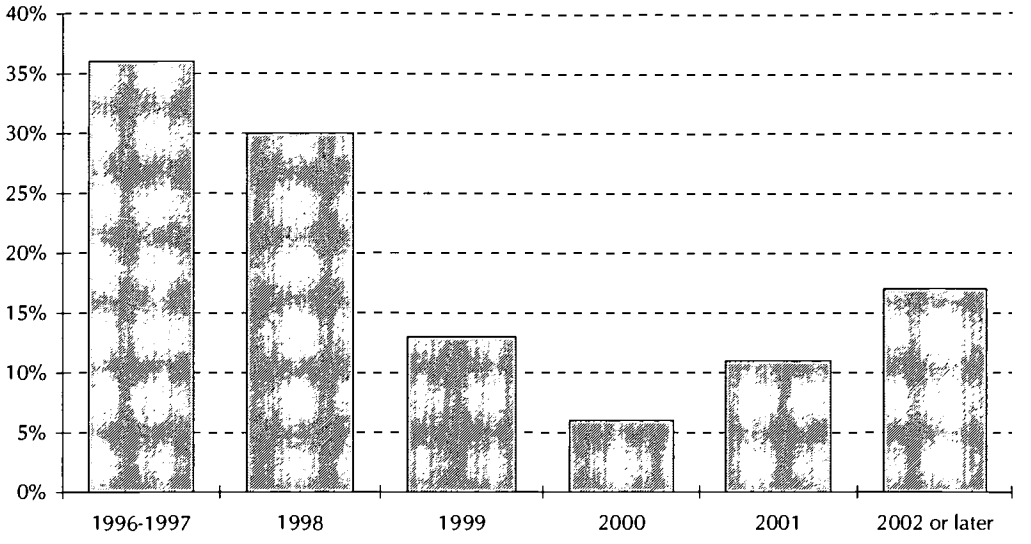
Most respondents planning to convert, believed that they would start a conversion course in one to two years time (see Figure 5.8 overleaf). Coupled with those currently attempting to get on a conversion course (12 per cent), this suggests a continued high demand for conversion courses over the next few years. Applying these proportions to our estimate (see section 3.1) that there were 100,000 second level registrants available or

Figure 5.7 Respondents planning to convert: reasons for conversion



Source: IES Survey, 1996

Figure 5.8 Respondents planning to convert: planned start year



Source: IES Survey, 1996

potentially available for work in March 1996, suggests that up to 36,000 may still seek to convert.

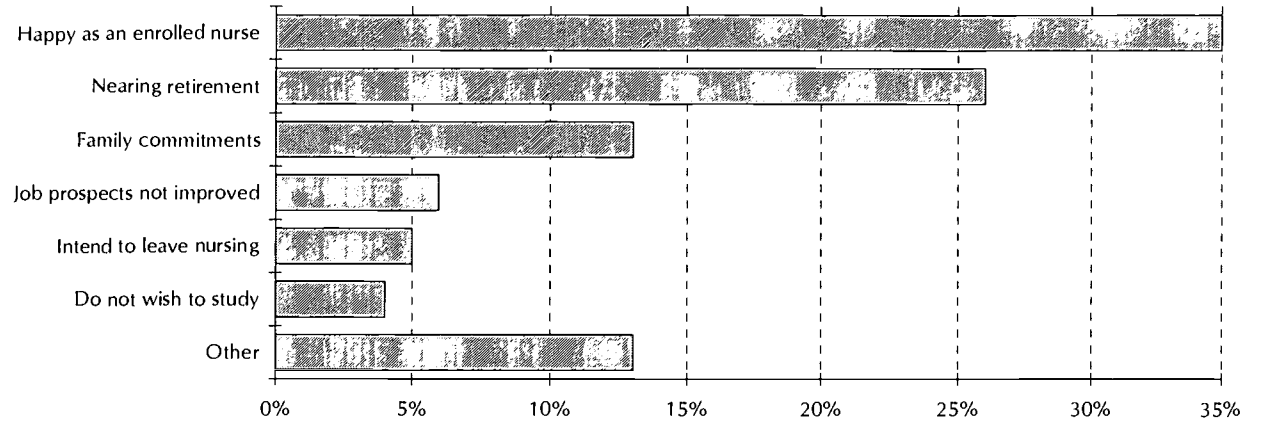
This is in marked contrast to recent research which has suggested that there are only 10,000 enrolled nurses expecting to gain a place on a conversion course (England only) and that the conversion of the estimated 50,000 who intended to convert will be all but complete by the year 2000 (Hemsley-Brown and Humphreys, 1997). There may be several reasons for this difference. Firstly, the original estimate (made in 1988) that only 50,000 enrolled nurses intended to convert, may have been inaccurate. Secondly, no allowance has been made for conversions amongst those who first registered a second level qualification since 1988. Thirdly, even if the 50,000 figure was correct, the number and proportion of second level registrants who intended to convert may have increased as access to conversion courses became easier. Furthermore, perceived pressures to convert may be greater now than in 1988.

If the level of intakes to conversion courses remains at its 1994/95 level, it will take at least seven more years for those eligible, and seeking to convert, to do so. However, the number of conversion course places available is reported to be reducing (Hemsley-Brown and Humphreys, 1997). It may, therefore, take longer to complete the conversion programme. Moreover, one in six respondents to this survey expressed the intention to start a conversion course in the year 2002 or later.

5.2.5 Respondents not planning to convert

Half (48 per cent) of all respondents indicated that they did not plan to convert to first level registration. They were asked to indicate the main reason why they did not want to convert (see Figure 5.9).

Figure 5.9 Respondents not planning to convert: reasons



Source: IES Survey, 1996

One-third (35 per cent) indicated that they were: *'happy as an enrolled nurse'* and a quarter (26 per cent) indicated that they were close to retirement. A further 13 per cent reported family commitments as the main reason for not converting.

One in eight (13 per cent) respondents indicated 'other' reasons for not converting. These included: already retired (three per cent) and not relevant to their job (three per cent).

5.2.6 Employers' views on enrolled nurse conversion

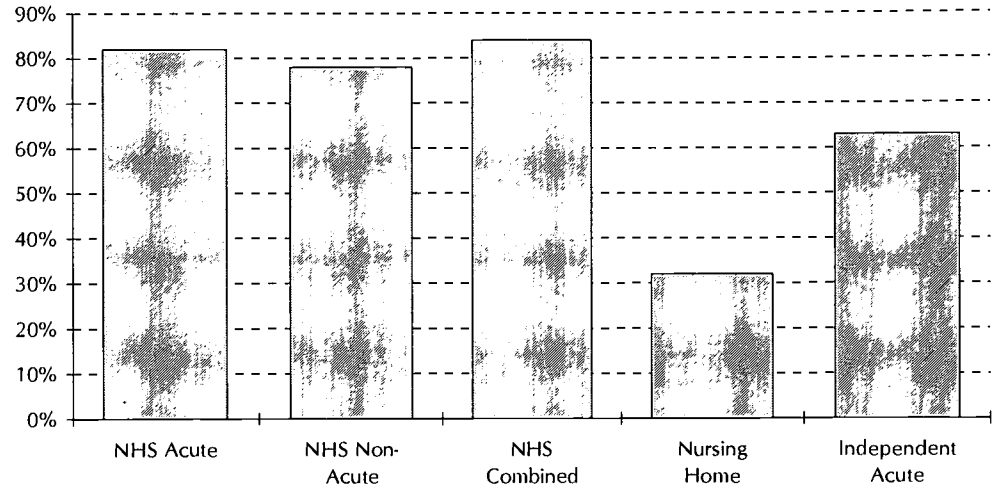
In this section we examine whether employers have policies on conversion, who pays conversion fees, what happens when enrolled nurses successfully complete a conversion course, and anticipated trends in conversion.

Most (80 per cent) responding employers had enrolled nurses who started conversion courses in the financial year 1994/95. Those 20 per cent who did not have any enrolled nurses on conversion courses were mainly non-NHS employers (83 per cent). Over half (55 per cent) of nursing homes had no nurses starting conversion courses in the last year. This ties in with our earlier finding that enrolled nurses working in nursing/ residential homes were least likely to be currently converting.

The majority (69 per cent) of respondents reported that they had a policy on nurses converting from second to first level registration. However, this proportion varied markedly by sector. Overall, 81 per cent of NHS trust respondents reported that they had a policy, compared with 37 per cent of non-NHS respondents. Figure 5.10 shows that independent acute hospitals (63 per cent) and nursing homes (32 per cent) were less likely to have a policy on enrolled nurse conversion.

Just over half (52 per cent) of respondents reported that they pay conversion fees in full. Almost two-thirds (64 per cent) of NHS trusts reported that they pay conversion fees in full, with a further 20 per cent paying in part and 16 per cent not paying anything.

Figure 5.10 Employers: proportion with a policy on enrolled nurse conversion, by sector



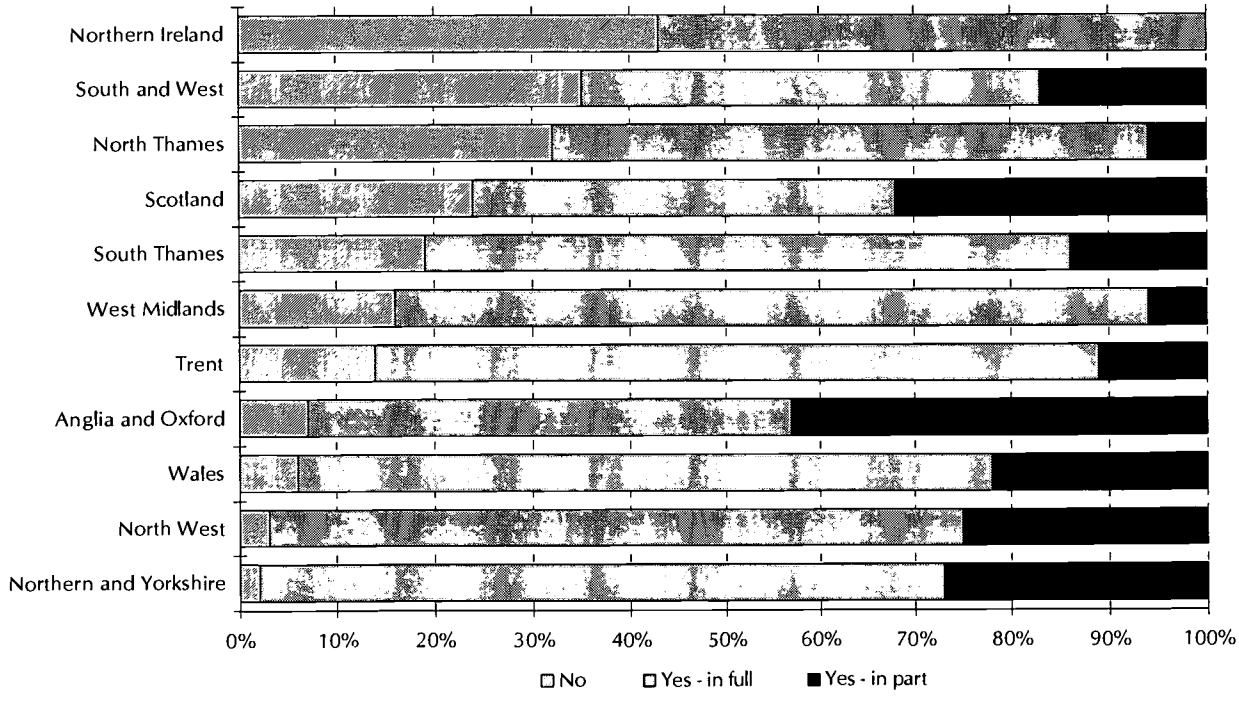
Source: IES Survey, 1996

Table 5.9 Employers: payment of conversion course fees, by sector (per cent)

	NHS acute trust	NHS non-acute trust	NHS combined trust	Nursing homes	Independent acute	All employers
Yes – in full	60	68	65	16	38	52
Yes – in part	23	14	22	26	46	22
No	17	18	13	59	17	26
Base number	*137*	*117*	*76*	*97*	*24*	*451*

Source: IES Survey, 1996

Figure 5.11 Employers: payment of conversion course fees, by country and NHS region



Source: IES Survey, 1996

This compares with only one in five (19 per cent) of non-NHS employers paying in full, 30 per cent in part and 50 per cent not paying anything (see Table 5.9). This confirms the pattern of responses reported by individual enrolled nurses (see 5.2.2).

Within the NHS, there was considerable variation by region. Figure 5.11 reveals that around a quarter of NHS trusts in Scotland and one-third of NHS trusts in the North Thames and South and West NHS regions of England did not pay fees. In Northern Ireland the proportion not paying fees rose to 43 per cent and none reported paying part of the fees.

Among those employers who did not pay for conversion courses, the majority of nursing homes (87 per cent) and independent acute hospitals (67 per cent) reported that nurses were self funded, while 80 per cent of the NHS trusts who did not pay for conversion identified Regional Health Authority or Working Paper 10 funding.

The majority (86 per cent) of NHS trust respondents indicated that they did keep jobs open for nurses completing full-time conversion courses. This was marginally higher than in the non-NHS sector, where 80 per cent reported that they did keep jobs open.

Within the NHS there was quite wide variation in practice, with almost one-third of NHS trusts in Scotland reporting that they did not keep jobs open, compared with only six per cent in Wales and the West Midlands. All of the NHS respondents in Northern Ireland reported that they did keep jobs open for enrolled nurses who successfully converted.

Not surprisingly, those employers who paid conversion fees in full were more likely (93 per cent) to report keeping jobs open, compared with those who pay fees in part (83 per cent) or who did not pay fees at all (66 per cent).

Employers were asked to indicate whether nurses who had successfully completed a conversion course normally remained on the same grade or return to a higher grade. Nearly two-thirds (64 per cent) indicated that they remained on the same grade. However, NHS and non-NHS practices appeared quite different. While 80 per cent of NHS trust employers reported that nurses remained on the same grade, 84 per cent of non-NHS employers reported that they moved to a higher grade. Table 5.10 shows

Table 5.10 Employers: grade changes after conversion, by sector (per cent)

	NHS acute trust	NHS non-acute trust	NHS combined trust	Nursing homes	Independent acute	All employers
Same grade	77	88	71	7	50	65
Higher grade	21	11	28	93	50	34
Varies	2	1	1	0	0	1
Base number	*132*	*109*	*70*	*75*	*22*	*408*

Source: IES Survey, 1996

Table 5.11 Employers: forecast trend in numbers starting conversion courses, by sector (per cent)

	NHS acute trust	NHS non-acute trust	NHS combined trust	Nursing homes	Independent acute	All employers
Increase	18	18	15	31	29	21
Stay the same	38	35	45	59	33	43
Decrease	45	48	41	11	38	37
Base number	*137*	*119*	*76*	*105*	*24*	*461*

Source: IES Survey, 1996

that in the nursing homes sector, 93 per cent reported that nurses moved to a higher grade on successful conversion. Again, this confirms the pattern of responses reported by individual enrolled nurses (see 5.2.2).

Comparatively fewer (17 per cent) NHS employers expected that the numbers starting conversion courses would increase over the next three years, when, compared with independent acute hospital employers (29 per cent) and nursing home employers (31 per cent). Table 5.11 summarises the responses by sector.

Within the NHS there was considerable variation by country and region. In Northern Ireland, Trent, Anglia and Oxford, few trusts anticipated an increase in the proportion starting conversion and most expected the number to reduce or stay the same. In other areas a large minority expected the number starting conversion to increase. For example, one-third of Scottish, and 28 per cent of Welsh trusts, expected numbers to increase. Table 5.12 shows the anticipated trends by country and NHS region.

Table 5.12 Employers: forecast trend in numbers starting conversion courses, by country and NHS region (per cent)

	Increase	Stay the same	Decrease	Base no.
Anglia and Oxford	7	45	48	29
North Thames	9	29	62	34
North West	15	33	51	39
Northern and Yorkshire	21	41	38	42
South and West	14	31	33	29
South Thames	26	41	33	42
Trent	4	39	57	28
West Midlands	12	36	52	33
Scotland	33	41	26	39
Northern Ireland	0	71	29	7
Wales	28	33	39	18

Source: IES Survey, 1996

5.2.7 Continuing education and professional development

With the introduction of post-registration education and practice (PREP), keeping up to date and spending time on professional development is a statutory requirement. PREP defines what registered nurses must do in order to maintain effective registration. This includes undertaking a minimum of five days study over three years. Previous research (*eg.* Buchan and Seccombe, 1991) has found that enrolled nurses are often last in line for study days and access to in-service training and education.

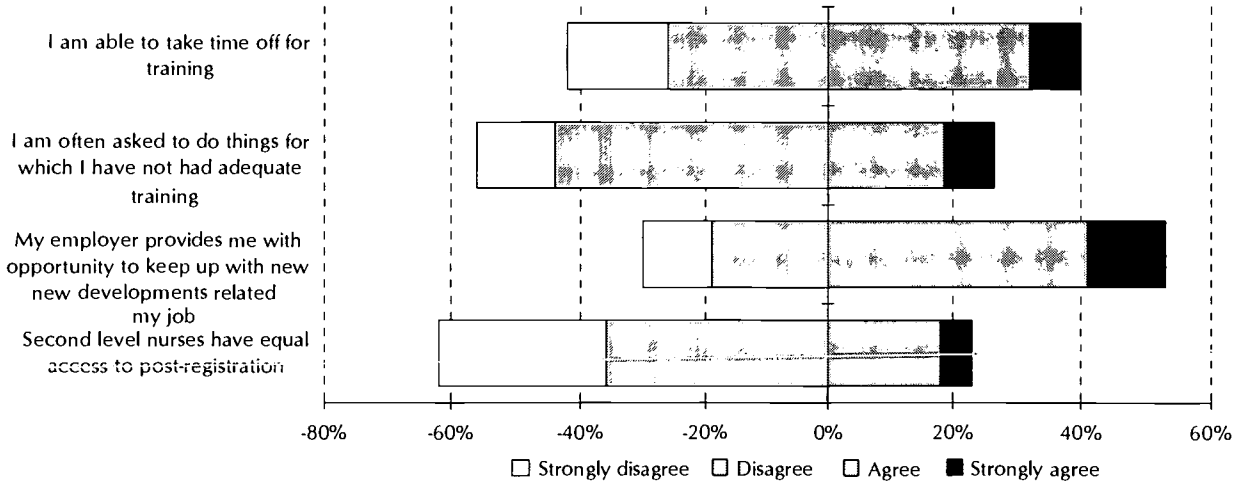
Respondents were asked to indicate the extent to which they agreed or disagreed with a number of attitudinal statements about continuing education and professional development. The statements were:

- *I am able to take time off for training.*
- *I am often asked to do things for which I have not had adequate training.*
- *My employer provides me with the opportunity to keep up with new developments related to my job.*
- *Second level registered nurses have equal access to post-registration courses.*

Figure 5.12 summarises the responses of enrolled nurses. Two-fifths (39 per cent) agreed with the statement that: *'I am able to take time off for training'*. A quarter (27 per cent) agreed with the statement: *'I am often asked to do things for which I have not had adequate training'*. Less than a quarter (23 per cent) of enrolled nurses agreed with the statement: *'second level registered nurses have equal access to post-registration courses'*.

Enrolled nurses working in the NHS were less likely to agree with the statement: *'I am able to take time off for training'* (40 per cent) than those working in the private sector (52 per cent).

Figure 5.12 Enrolled nurses: perceptions of continuing education and professional development



Source: IES Survey, 1996

Within the private sector, those working in nursing homes were less likely to agree (36 per cent) that they could take time off for training, than those in acute hospital settings (42 per cent). Those working part time (38 per cent agreed, compared with 43 per cent of those working full time) and those working permanent nights (33 per cent, compared with 42 per cent on internal rotation and 45 per cent on days) were also less likely to agree with this statement.

More than half (52 per cent) of enrolled nurses agreed with the statement: *'my employer provides me with the opportunity to keep up with new developments related to my job'*. There was little variation in response by employment sector, although those working permanent nights were less likely to agree with the statement (47 per cent) than those working other shift patterns.

5.2.8 Career satisfaction and progression

Survey respondents were asked to indicate the extent to which they agreed or disagreed with seven statements concerning different aspects of their nursing careers and career progression.

These statements were:

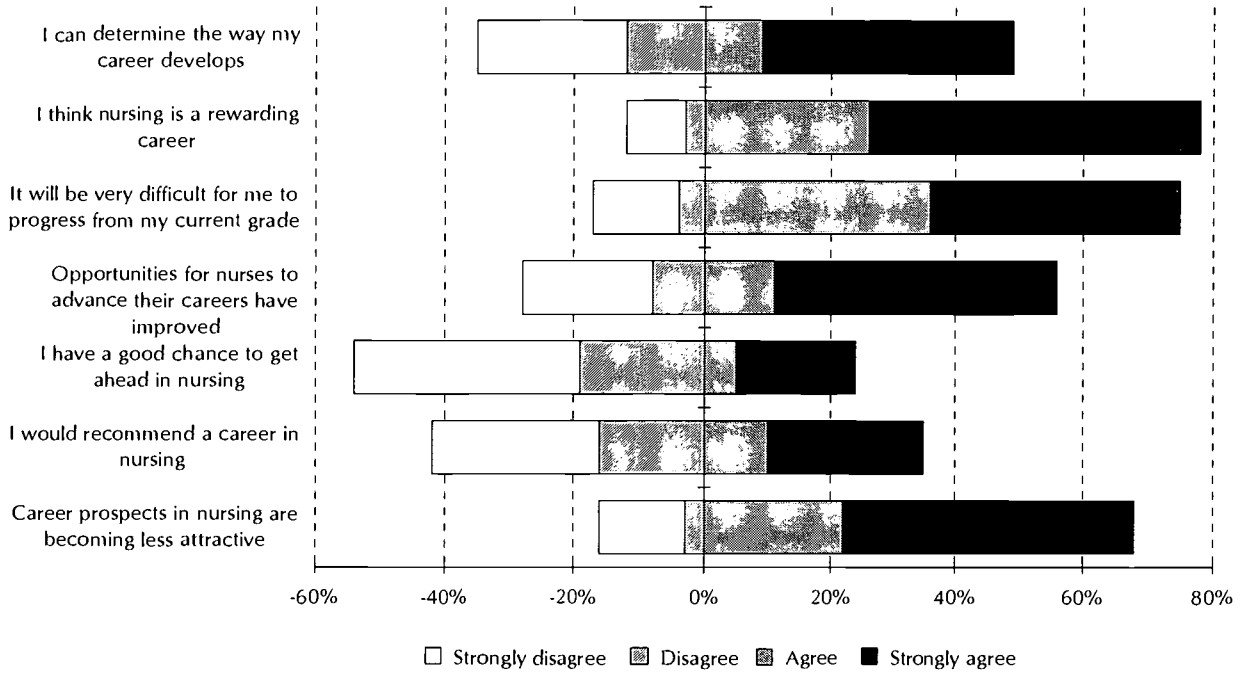
- *I can determine the way my career develops.*
- *I think nursing is a rewarding career.*
- *It will be very difficult for me to progress from my current grade.*
- *Opportunities for nurses to advance their careers have improved.*
- *I have a good chance to get ahead in nursing.*
- *I would recommend a career in nursing.*
- *Career prospects in nursing are becoming less attractive.*

Figure 5.13 summarises the responses on each of these items. A mixed picture emerges. While the majority (78 per cent) agreed that: *'nursing is a rewarding career'*, little more than one-third (35 per cent) agreed that they: *'would recommend nursing as a career'*. Further, more than two-thirds (68 per cent) agreed with the statement that: *'career prospects in nursing are becoming less attractive'*.

In general, enrolled nurses tended to be rather pessimistic about their future career progression. Only a quarter (24 per cent) agreed with the statement that: *'I have a good chance to get ahead in nursing'*, while three-quarters (75 per cent) agreed that: *'it will be very difficult for me to progress from my current grade'*.

On the whole there was little difference in the responses to these statements between enrolled nurses working in the NHS and those working in other sectors. The two main differences between the groups were: firstly, higher proportions of those in the private sector agreed with the statement that: *'nursing is a*

Figure 5.13 Enrolled nurses: views on career satisfaction and progression



Source: IES Survey, 1996

rewarding career' (84 per cent, compared with 75 per cent of NHS nurses); secondly, almost half (47 per cent) of those working in the private sector agreed with the statement that: *'I would recommend a career in nursing'*, compared with less than one-third (30 per cent) of those working for the NHS.

Further analysis of these data by respondents' main work place shows that higher proportions of enrolled nurses working in general practice, and in the community, agreed with the positive career statements than those working in hospital, nursing home and other settings. For example, 61 per cent of enrolled nurses working in GP practices agreed that: *'I can determine the way my career develops'*, compared with 48 per cent of those working in acute hospitals. Similarly, 93 per cent of those working in GP practices, and 83 per cent of those working in the community, agreed that: *'nursing is a rewarding career'*, compared with 75 per cent of those in acute hospitals. These enrolled nurses were also found to be more likely to agree that they: *'have a good chance to get ahead'*, to agree that: *'opportunities to advance their careers have improved'* and less likely to agree that: *'career prospects in nursing are becoming less attractive'*.

Analysis of the responses by age group shows some association. For example, a marginally higher (28 per cent) proportion of those under 35 agreed that: *'I have a good chance to get ahead in nursing'*, compared with under a quarter (23 per cent) of those over 35. In contrast, only a quarter (26 per cent) of the younger group: they would: *'recommend a career in nursing'*, compared with more than one-third (36 per cent) of those over 35.

Table 5.13 Employers: career options for enrolled nurses who do not convert

	% Employers
None/very limited	50
Specialise within role	23
Remain hands-on in grade	23
Support first level	8
Move to social services	6
Replaced by HCAs/NVQs	5
Retire	4
Move to community care	3
Become theatre assistants	2
Other	2

Source: IES Survey, 1996

These data were examined further to determine whether particular career attitudes were related to individual's conversion intentions.

Analysis by conversion status shows that a higher proportion (78 per cent) of those who have no plans to convert agreed with the statement: *'it will be difficult for me to progress from my current grade'*, compared with those currently converting (60 per cent). Similarly only 15 per cent of those not planning to convert agreed that they had a: *'good chance to get ahead'*, compared with 40 per cent of those currently converting.

However, these data also show that nearly two-fifths (38 per cent) of those not planning to convert agreed that they: *'would recommend nursing as a career'*, compared with 27 per cent of those currently converting.

Employers were asked to indicate what they felt were the main career options for enrolled nurses who did not wish to convert. Their responses are shown in Table 5.13.

Half the respondents indicated that, in their opinion, prospects were limited or non-existent. The two other main responses were that enrolled nurses would either specialise within their role or grade (23 per cent of responses) or that they would remain as 'hands-on' nurses within their grade (23 per cent).

5.3 Summary

Key findings of this chapter are:

- Almost half of respondents agreed that they were under pressure to convert; this was particularly true of younger respondents (under 30) and those working for the NHS.

- Almost half of all respondents indicated they had no intention of converting; this proportion was highest among those on Part 7 of the Register, those working in the private sector and those aged over 44.
- A quarter of respondents reported that they planned to convert at some time in the future; one in seven were currently converting, and one in ten were trying to get on a course.
- Half of those currently converting to first level registration were doing so part time and one-third by open learning.
- Three-quarters had received full funding from their employer; one in seven was part funded.
- The main barriers in getting on conversion courses were long waiting lists and lack of funding.
- Respondents planning to convert one day were most likely to report that family commitments or a lack of funding were the reasons for delaying. Two-thirds thought they would convert within the next two years.
- Up to 36,000 second level registrants still plan to convert to first level registration.
- The most common reasons reported by those not planning to convert were that they were happy as an enrolled nurse, or that they were nearing retirement.
- Half of employers reported paying full conversion fees; two-thirds of NHS respondents paid in full, compared with one in five non-NHS employers.
- Enrolled nurses working part time, on permanent night shifts and in the nursing homes sector, were least likely to report being able to take time off for training.
- Only a quarter of enrolled nurses believed they had a good chance to get ahead in nursing; amongst those currently converting, this figure rises to 40 per cent.

6. Conclusion

This report has described a number of issues surrounding the employment, careers and deployment of those individuals registered on one or more of the four second level Parts of the UKCC Register. This concluding chapter draws together some of the key findings from the study.

The number of individuals with second level registration has declined by almost a quarter since March 1993 to stand at 110,529 in March 1996. This is the result of: the cessation of training for entry to second level Parts of the Register; conversions to first level registration; and retirement and non-renewal of registration. Nevertheless, second level registrants still represent one in six of those on the Register. The numbers of enrolled nurses have also reduced, dropping from one-third of all registered nurses working in the NHS (in GB) in 1984 to 18 per cent in 1994. Part of this decline in NHS employment is countered by the rapid growth in the numbers of enrolled nurses employed in non-NHS nursing employment. In England the number of enrolled nurses trebled between 1982 and 1992, and they represented around a quarter of the registered nurse workforce outside the NHS in 1994.

If there is no substantial change in the pattern of employer demand, enrolled nurses are likely to remain a significant element of the NHS nursing workforce for the foreseeable future. Assuming that the number of first and second level registered nurses in the NHS workforce remains broadly constant, that all those who want to convert are able to do so by the end of the decade, and that all those who reach age 60 in the next three years will retire, enrolled nurses would still represent at least one in ten of all registered nurses in NHS employment at the turn of the century. In practice, they are likely to be a higher proportion than this because the availability of conversion course places appears to be reducing.

The study has also highlighted the fact that two per cent of those in nursing employment plan to retire in the next 12 months. However, two-fifths of enrolled nurses are aged under 40 and have potential nursing careers of twenty years or more; almost a quarter of this group report that they have no plans to convert.

Additionally, the study has shown that a very high proportion (88 per cent) of those with second level registration were in paid

employment and that four out of five were working in nursing. We estimate that there is a pool of between 12,000 and 17,000 second level registrants who may seek future employment in nursing. Based on the survey results almost half of this group have no plans to convert to first level registration.

In summary, this evidence shows that there is likely to be, for the foreseeable future, a significant and a continuing supply of second level registrants, many of whom want to continue to, or return to, work as enrolled nurses.

However, whilst most employers anticipate continued growth in their employment of first level registered nurses, and of health care assistants, they foresee a continuing decline in their employment of enrolled nurses. This anticipated reduction in employment is related, in part at least, to employers misinterpretation of Rule 18(2), but also relates to self-imposed limitations on enrolled nurses' clinical practice and to the perceived costs of conversion to first level registration.

The imbalance between supply and demand points to problems in the future with under-utilisation of enrolled nurses and reducing career opportunities. If this occurs there may be increased demand from enrolled nurses for conversion opportunities — if these are not available, and the projected decline in employer demand does occur, more enrolled nurses will have to seek other employment opportunities.

Employers in the non-NHS sectors were least likely to report that Rule 18(2) influenced enrolled nurse deployment. This may explain, in part, the reason why the displacement of enrolled nurses has been slower in this sector, and why a lower proportion of non-NHS employers anticipate further reductions in the number of enrolled nurses.

The pessimism expressed by enrolled nurses about their future prospects in nursing may explain why nearly half the respondents agreed that they were under pressure to convert to first level registration. Those working in the private sector were more likely to indicate that they had no plans to convert.

Of those enrolled nurses currently converting to first level registration, half were doing so part time and one-third by distance learning. Although lack of funding was cited as one of the main barriers to conversion (the other being long waiting lists), three-quarters of those currently converting had received full funding from their employer and one in six were part funded by their employer. However, less than one-third of enrolled nurses in the private sector reported that they had received full funding from their employer. The continuing pressure on cost-containment might force some employers to reduce their relative expenditure on enrolled nurse conversion. The study found varying regional patterns of employer funding

for conversion to first level registration, with some parts of the UK reporting much higher levels of full-funding than others.

The study suggests that there is a continuing high demand for conversion course places and that in current circumstances up to a further 36,000 second level registrants may still seek to convert. Reductions in the availability of conversion course places may be both premature and unwise, given current concerns that the number of pre-registration diploma course places is too few to meet future demand.[1]

[1] NHS Executive, EL (96) 46, June 1996

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Appendix 1: Organisations Contacted

We are grateful to the following health authorities, NHS trusts, independent providers, statutory and professional bodies and government departments which assisted with data collection and gave of their time for interviews and group discussions during the study:

UKCC

National Boards for Nursing, Midwifery and Health Visiting

- English National Board
- National Board for Northern Ireland
- National Board for Scotland
- Welsh National Board

Government Departments

- Department of Health
- Department of Health and Social Services (Northern Ireland)
- Scottish Office Health Department
- Welsh Office

Professional Bodies/Unions

- Royal College of Nursing
- Unison

Regional Health Authorities

- Anglia and Oxford Regional Health Authority
- Trent Regional Health Authority

Purchasing Authorities

- Grampian Health Board
- Methyr and Cyndn Valley Unit
- Mid-Glamorgan Health Authority

Provider Units

- Edinburgh Healthcare NHS Trust

- Greenwich Healthcare NHS Trust
- Mid-Essex Hospital Services NHS Trust
- Monklands and Bellshill Hospitals NHS Trust
- Mount Vernon and Watford Hospitals NHS Trust
- Rhondda Health Care NHS Trust
- Royal Berkshire and Battle Hospitals NHS Trust
- Royal Infirmary of Edinburgh NHS Trust
- Royal Shrewsbury Hospitals NHS Trust
- Rugby NHS Trust
- South Downs NHS Trust
- Southampton Community Health Services NHS Trust

Independent Sector

- British Nursing Association
- Nuffield Hospitals
- Takare

Appendix 2: The Registered Practitioner Survey

1. Survey sample

The sample population of 21,762 was drawn from the 115, 459 practitioners holding second level registration on the effective Register at the end of June 1995. A disproportionate random stratified sample was drawn in order that a sufficiently large number of responses would be obtained from Parts 4, 6 and 7 of the Register to enable separate analysis. Table A2.1 shows the distribution of second level registrants by Parts of the Register at June 1995 and the proportion sampled from each Part.

2. Survey Administration

Following a pilot survey (n=1,288) conducted between September and November 1995, the main survey was launched in January 1996. Each member of the target population was sent a copy of the questionnaire, a covering letter from IES, a covering letter from the UKCC, and a reply-paid envelope. As the survey was anonymous to IES, a second copy of the questionnaire and a reminder letter were sent to the entire sample after three weeks.

3. Response rate

IES received a total of 14,940 questionnaires. This represents a crude response rate of 68.6 per cent which is exceptionally high for a survey of this nature. The report is based on the 14,332 useable responses; a response rate of 69.3 per cent. Table A2.2 below provides details of the mailing and response.

A2.1 Second level registered population, sample size and fraction

Part of Register	Number	Number sampled	sampled %
Part 2	82,531	9,452	11.5
Part 4	9,629	3,307	34.3
Part 6	4,056	1,393	34.3
Part 7	17,530	7,093	40.5
Multiple 2nd level	1,713	517	30.2
Total	**115,459**	**21,762**	**18.8**

Source: IES/UKCC

A2.2 Survey mailing and response

Questionnaires mailed out	21,762	
Questionnaires received	14,940	
Non-participants	18	
Post Office returns	436	
Inappropriate	63	
Received too late for analysis	590	
Questionnaires used in analysis	14,332	
Overall response rate	14,940/21,762	68.6%
Useable response rate	14,332/21,263	67.4%

Source: IES Survey Unit

Useable response rates varied by Part of the Register as shown in Table A2.3.

A2.3 Useable response by Part of the Register

Part 2	70.0%
Part 4	55.5%
Part 6	54.7%
Part 7	60.7%
Multiple 2nd level registrations	77.0%

Source: IES Survey Unit

4. Data Analysis

Prior to data analysis the effects of the disproportionate sampling were corrected. This was achieved by weighting the data by Parts of the Register. A weighting coefficient was calculated as follows:

$$\frac{\%\text{ population by Part of Register (N)}}{\%\text{ respondents by Part of Register (S)}}$$

Table A2.4 shows the weighting coefficient for each Part of the Register.

Weighting the data ensures that the sample distribution reflects the known population distribution by Parts of the Register.

Table A2.5 illustrates the effects of weighted data for Parts 2, 4, 6, 7 and multiple registrations.

A2.4 Weighting coefficient used in data analysis

	Coefficient
Part 2	1.54
Part 4	0.64
Part 6	0.65
Part 7	0.48
Multiple 2nd level registrations	0.47

Source: IES

A2.5 Distribution of second level registrants by Part of the Register

	UKCC Population		Survey weighted		Survey un-weighted	
	N	(%)	S	(%)	S	(%)
Part 2	82,531	71.5	10,207	71.4	6,628	46.5
Part 4	9,629	8.3	1,178	8.2	1,841	12.9
Part 6	4,056	3.5	497	3.5	765	5.4
Part 7	17,530	15.2	2,193	15.3	4,568	32.0
Multiple 2nd level registrations	1,713	1.5	216	1.5	459	3.2
Not known	–	–	71	<1.0	71	<1.0
Total	*115,459*	*100%*	*14,362*	*100%*	*14,332*	*100%*

Source: UKCC/IES Survey, 1996

Appendix 3: The Employer Survey

1. Survey sample

The sample of 700 comprised Nurse Executive Directors (or their equivalent) in all NHS trusts throughout the UK plus a sample of non-NHS employers. The target NHS population (n=461) was derived from Binley's *Directory of NHS Management* (Autumn 1995 issue). A regionally stratified sample of 200 private nursing homes was selected from Laing's *Review of Private Healthcare 1995* and a regionally stratified sample of 39 independent acute hospitals was selected from the IHSM *Hospital and Health Service Yearbook 1995.*

2. Survey Administration

Following a small pilot survey in December 1995, the main survey was launched in early January 1996. The target population were sent a copy of the questionnaire, a covering letter from IES, a covering letter from the UKCC, and a reply-paid envelope. A reminder was sent to all non-respondents at the beginning of February 1996 and a second reminder at the end of February. The survey was closed after twelve weeks.

3. Response rate

IES received a total of 567 questionnaires. This represents a response rate of 81 per cent which is exceptionally high for a survey of this nature. The report is based on the 512 useable responses: a response rate of 79 per cent. Table A3.1 provides details of the mailing and response.

A3.1 Employer survey mailing and response

	Number
Questionnaires mailed out	700
Questionnaires received	567
Non-participants	7
Post Office returns	3
Inappropriate	3
Received too late for analysis	3
Questionnaires dropped — incomplete	39
Questionnaires used in analysis	512
Overall response rate	567/700 = 81%
Useable response rate	512/694 = 73.8%

Source: IES Survey Unit

Appendix 4: Registrants' Questionnaire

ENROLLED NURSES SURVEY

Confidential to the Institute for Employment Studies

Please answer the following questions as fully as you are able by ticking the boxes or writing in the spaces provided. Please return the completed questionnaire direct to IES, Mantell Building, University of Sussex, Falmer, Brighton, BN1 9RF in the reply-paid envelope provided. If you have any queries, please contact Monica Haynes on 01273 686751. Thank you for your co-operation.

Section A — Qualifications

1. Which year did you first qualify as a nurse? 19 ☐

2. Which part (or parts) of the UKCC Register are you on? *(tick appropriate box or boxes)*

   Part 2: Second level nurses trained in general nursing (England and Wales) ☐

   Part 4: Second level nurses trained in the nursing of persons suffering from mental illness (England and Wales) ☐

   Part 6: Second level nurses trained in the nursing of persons suffering from mental handicap (England and Wales) ☐

   Part 7: Second level nurses (Scotland and Northern Ireland) ☐

3a. Do you hold any post registration nursing qualifications? Yes ☐ No ☐

3b. If yes, how many? *(please write number in box)* ☐

4. Please indicate the **highest** academic qualification you hold: *(please tick one box only)*

School leaver certificate	☐ 1	Diploma	☐ 4
GCSE/O levels/standard grades	☐ 2	Degree	☐ 5
A levels/highers	☐ 3	Postgraduate degree	☐ 6
Other (*please specify*)			☐ 7

Section B— Employment

5. Which of the following best describes your current employment situation?
(please tick one box only)

a. Working in nursing	☐ 1	d. Working outside of nursing	☐ 4
b. On statutory maternity leave	☐ 2	e. Unemployed and seeking work	☐ 5
c. Taking a career break	☐ 3	f. Retired	☐ 6
g. Other (*please specify*).....			☐ 7

6. **If you are not currently working in nursing** (i.e. you ticked one of the boxes c to g in question 5), please write the year you left your last nursing job here. If you have never had a nursing job, please write '**None**' in the box. 19 ☐

7. **If you are working outside of nursing** (*ie* if you ticked box d in question 5) what sort of job do you have?

.....

8. Have you changed jobs in the last 12 months? Yes ☐ No ☐

9. If yes, what was the **main** reason for this change? *(Please tick one box)*

Gained additional qualification	☐ 01	Unit/ward closure, restructuring	☐ 06
Promoted	☐ 02	End of temporary contract	☐ 07
Dissatisfied with previous job	☐ 03	Retired	☐ 08
Down grading of post	☐ 04	Moved from area	☐ 09
Made redundant	☐ 05	Ill health/injury	☐ 10
Other (*please specify*)			☐ 11

If you are <u>not</u> currently working in nursing, please turn to Section E now

Section C — Working in Nursing

Answer this section if you are currently working in nursing.

10. Who is your **main** employer? *(please tick one box)*

NHS	☐ 1	Independent healthcare/Private nursing home	☐ 3
Nursing agency	☐ 2	Local authority	☐ 4
Other (*please specify*)			☐ 5

11. Where do you **mainly** work? *(please tick one box)*

Acute and General hospital	☐ 1	Community	☐ 4
Non-acute hospital	☐ 2	GP surgery	☐ 5
Nursing home, hospice, residential home	☐ 3	Other *(please specify)*	☐ 6

12. In which of the following specialties do you **mainly** work? (*please tick **one** box only*)

Medical	☐ 01	Orthopaedics	☐ 06
Theatre/intensive care	☐ 02	Surgical	☐ 07
Care of elderly	☐ 03	Mental Health	☐ 08
Community	☐ 04	Learning difficulties	☐ 09
Paediatrics	☐ 05	Outpatients	☐ 10
Other (*please specify*)			☐ 11

13. What is your current job title? .....

14. How long have you been in your current job? *(if less than one year please write 'zero')* ☐

15a. Do you expect to be in the same job one year from now? Yes ☐ No ☐

15b. If no, what do you think you will be doing? *(Please tick one box)*

Working with same employer, but in a different post		☐ 1
Working with a different employer		☐ 2
No longer working:	taking a break	☐ 3
	retired	☐ 4
	made redundant	☐ 5

16. What is your clinical grade in your current Job?

A	B	C	D	E	F	G	H	I	Not applicable
☐ 01	☐ 02	☐ 03	☐ 04	☐ 05	☐ 06	☐ 07	☐ 08	☐ 09	☐ 10

17. Are you currently on the top increment on your salary scale? Yes ☐ No ☐

18. What type of employment contract are you on? *(please tick one box)*

Permanent contract	☐ 1	Fixed term contract (eg. one year)	☐ 3
Temporary contract	☐ 2	Don't know	☐ 4
Other (*please specify*)			☐ 5

19. Is your main job: *(please tick one box)*

Full time? ☐ 1 Part time? ☐ 2 Occasional? ☐ 3

20. If **part-time**, please indicate the number of hours per week you are contracted to work: *(please tick one box)* ☐ hours

21. When do you normally work? (*Please tick one box*)

Days only (eg "9 to 5")	☐ 1	Shifts — earlies/lates/nights	☐ 3
Shifts — earlies/lates	☐ 2	Nights only	☐ 4

22. Do you do any other paid work in addition to your main job? Yes ☐ No ☐

Section D — Your Role

Answer this section if you are currently working as a nurse.

23. Some second level nurses have told us that there are certain professional nursing activities they are not permitted to do by management in their unit. Are there any nursing activities which you are not allowed to perform in your current job because you are a second level nurse?

Yes ☐ No ☐

24. Please use the list below to indicate which activities you are not allowed to perform because you are a second level nurse (*please tick one box on each line*).

	Not Applicable	Not allowed to do
Be a named nurse	☐	☐
Be a mentor	☐	☐
Clinical standard setting	☐	☐
Hold the keys	☐	☐
Put up blood	☐	☐
Do the drug round	☐	☐
Witness controlled drugs	☐	☐
Administer controlled drugs	☐	☐
Do first visits in the community	☐	☐
Ear syringe	☐	☐
Administer Hickman's line	☐	☐
Specialist bandaging	☐	☐
Other *(please specify)*	☐	☐

.....

Section E — Conversion to First Level Registration

25. Have you **ever** applied to do a conversion course to first level registration? Yes ☐ No ☐

26. Which of the following sources of information about conversion courses has been **most** useful to you? (*please tick **one** box only*)

Word of mouth	☐ 1	Employer	☐ 3
Nursing journals/press	☐ 2	Nursing college	☐ 4

27. Please tick one box to show which of the following best describes your situation with respect to converting to first level registration and then answer the appropriate questions below.

a. I am currently on a conversion course ☐ 1 go to Question 28

b. I am currently trying to get on a conversion course ☐ 2 go to Question 35

c. I am not currently trying to get on a conversion course but plan to in the future ☐ 3 go to Question 39

d. I do not wish to convert ☐ 4 go to Question 42

Part (a) — currently converting

28. Why do you want to convert? (*Please tick **one** box only*)

Better job prospects ☐ 1 Recognition/status ☐ 3

Personal Development ☐ 2 Other (*please specify*) ☐ 4 .....

.....

29. What, if any, problems have you had in trying to get on a conversion course?

Long waiting lists ☐ 1 Lack of support from manager ☐ 3

Difficulty getting funded ☐ 2 Difficulty getting time off ☐ 4

Other (*please specify*) ☐ 5 .....

30. What type of course are you doing?

Full-time 52 week course with college of nursing ☐ 1

Part-time modular style course with college of nursing ☐ 2

Macmillan Open Learning course ☐ 3

31. Has your previous nursing experience and knowledge been taken into account through Accredited Prior Learning? Yes ☐ No ☐

32. Is your employer paying any part of your course fees? (*please tick **one** box only*)

Yes, all ☐ 1 No, I am self funded ☐ 3

Yes, part ☐ 2 No, other* ☐ 4

* (*Please specify*) .....

33. Is your employer keeping your job open for you at the end of your conversion?

Yes ☐ No ☐

34. If you successfully complete your conversion course, what effect will this have on your job grading?

Higher ☐ 1 No change ☐ 2 Lower ☐ 3

Now go to section F

Part (b) trying to get on a course

35. Why do you want to convert? (*please tick **one** box only*)

Better job prospects ☐ 1 Recognition/status ☐ 3

Personal Development ☐ 2 Other (*please specify*) ☐ 4 .....

.....

36. Has your employer approved your application for a conversion course place? Yes ☐ No ☐

37. Have you applied for a place on a conversion course in the last 12 months?

- No ☐ 1
- Yes, and I am waiting to hear if I have a place ☐ 2
- Yes, but I did not get a place ☐ 3

38. What problems have you had in trying to get on a conversion course?

Long waiting lists	☐ 1	Lack of support from manager	☐ 3
Difficulty getting funded	☐ 2	Difficulty getting time off	☐ 4
Other (*please specify*).....	☐ 5	.....	

Part (c) planning to convert one day

39. Which is the **most** important reason for not converting now? (*please tick **one** box only*)

Family commitments	☐ 1	No places available	☐ 3
Lack of funding	☐ 2	Not working enough hours	☐ 4
Other (*please specify*)	☐ 5	.....	

40. Why are you planning to convert in the future? (*please tick **one** box only*)

Better job prospects	☐ 1	Personal development	☐ 3
Change in family circumstances	☐ 2	Recognition/status	☐ 4
Other (*please specify*)	☐ 5	.....	

41. When do you think you will want to start a conversion course? In ☐ years time

Part (d) do not wish to convert

42. Why don't you want to convert? (*please tick **one** box only*)

Nearing retirement	☐ 1	Family commitments	☐ 4
Happy as an EN	☐ 2	Intending to leave nursing	☐ 5
Do not wish to study	☐ 3	Job prospects not improved	☐ 6
Other (*please specify*)	☐ 7	.....	

Section F — UKCC Rule 18(2)

43. Have you heard of UKCC Rule 18(2)? Yes ☐ No ☐ If **NO** please go to Section G next.

44. If **YES**, in what context? *(tick as many boxes as applicable)*

My manager has referred to it	☐ 1	In the nursing press	☐ 3
Talked with colleagues about it	☐ 2	From a union/professional body	☐ 4
Other (*please specify*)	☐ 5	.....	

45. Does Rule 18(2) influence the way in which second level (enrolled) nurses are deployed where you work?

Yes ☐ No ☐

If **YES**, how? .....

.....

.....

Section G — Your Views

This section focuses on your opinions of various aspects of nursing and being an enrolled nurse. Please complete this section regardless of whether or not you are currently working in nursing.

46. Please circle a number on each line to show the extent to which you agree or disagree with each of the statements. There are no right or wrong answers.

1	2	3	4	5
Strongly agree	Agree	Neither	Disagree	Strongly Disagree

1.	I can determine the way my career develops	1	2	3	4	5
2.	I think nursing is a rewarding career	1	2	3	4	5
3.	Nursing will continue to offer me a secure job for years to come	1	2	3	4	5
4.	It will be very difficult for me to progress from my current grade	1	2	3	4	5
5.	Opportunities for nurses to advance their careers have improved	1	2	3	4	5
6.	I am worried that I may be made redundant	1	2	3	4	5
7.	I have a good chance to get ahead in nursing	1	2	3	4	5
8.	ENs have not been given enough help to convert	1	2	3	4	5
9.	I would recommend a career in nursing	1	2	3	4	5
10.	I would not want to work outside of nursing	1	2	3	4	5
11.	Career prospects in nursing are becoming less attractive	1	2	3	4	5
12.	Most days I am enthusiastic about my job	1	2	3	4	5
13.	There's no future for ENs	1	2	3	4	5
14.	I am able to take time off for training	1	2	3	4	5
15.	I feel under pressure to convert	1	2	3	4	5
16.	My employer provides me with the opportunity to keep up with new developments related to my job	1	2	3	4	5
17.	Second level nurses have equal access to post registration courses	1	2	3	4	5
18.	My grade is a good reflection of the work I do	1	2	3	4	5
19.	Health care assistants are going to replace ENs	1	2	3	4	5
20.	I am treated in the same way as a first level nurse of the same grade	1	2	3	4	5
21.	My employer does not discriminate against ENs	1	2	3	4	5
22.	I am confident that ENs employment opportunities will be protected	1	2	3	4	5
23.	Job advertisements discriminate against second level nurses	1	2	3	4	5
24.	I am happy with my role	1	2	3	4	5
25.	I am often asked to do things for which I have not had adequate training	1	2	3	4	5
26.	I seldom work beyond my grade	1	2	3	4	5
27.	There are no jobs for ENs anymore	1	2	3	4	5

Section H — Background

47. Are you: Male? ☐ Female? ☐

48. What age are you? ☐ Years

49. Do you have any children aged under 16 living at home with you? Yes ☐ No ☐

50. Is there anyone living with you who is sick, disabled or elderly whom you look after? Yes ☐ No ☐

51. Which of the following best describes your ethnicity?

White	☐ 01	Black African	☐ 02	Black Caribbean	☐ 03
Black other	☐ 04	Indian	☐ 05	Bangladeshi	☐ 06
Pakistani	☐ 07	Chinese	☐ 08	Other *(please specify)*	☐ 09

.....

52. Which country do you live in?

England	☐ 1	Wales	☐ 3
Scotland	☐ 2	Northern Ireland	☐ 4
Other *(please specify)*	☐ 5	.....	

Section I — Other Comments

53. Please use the remaining space, or a separate sheet of paper, for any further comments you wish to make about your career or your own situation.

Thank you for completing this form. Please return it in the reply-paid envelope provided.

Institute for Employment Studies,
Mantell Building,
University of Sussex,
Falmer,
Brighton,
Sussex, BN1 9RF.

Telephone: (01273) 686751 Fax: (01273) 690430

Appendix 5: Employers' Questionnaire

ENROLLED NURSES — STUDY FOR UKCC

Confidential to the Institute for Employment Studies

Please answer the following questions as fully as you are able by ticking the boxes or writing in the spaces provided. Please return the completed questionnaire to IES in the reply-paid envelope provided. If you have any queries, please contact Monica Haynes at IES: telephone 01273 686751. Thank you for your co-operation.

A. Employment

1a. Which of the following best describes the services provided by your unit? *(Please tick all that apply)* [*Note that unit refers to NHS trust, hospital, nursing home or equivalent*]

NHS Acute and General Hospital Services	☐	NHS Learning Difficulties	☐
NHS Primary/Community Care Services	☐	NHS Care of the Elderly	☐
NHS Mental Health Services	☐	Non-NHS nursing or residential home	☐
Other	☐	*(Please specify)*	

1b. **NHS employers only**: Which NHS region/board is your trust located in? .....

2a. What is the approximate total number of **nursing staff** (qualified and unqualified) currently employed in your unit? *(Please enter WTE and headcount number).*

Headcount ☐ WTE ☐

2b. How many second level (enrolled) nurses do you employ? (*Please state headcount figure*) ☐

3a. Please indicate the approximate number (WTE) of nursing staff currently in each of the following categories and indicate (*by ticking **one** box on each line*) how the number has changed over the past two years.

	WTE	Increased 1	Decreased 2	Stayed the same 3
Registered Nurses (1st level)	☐	☐	☐	☐
Registered Nurses (2nd level) — Enrolled nurse	☐	☐	☐	☐
Health Care Assistants/Support workers	☐	☐	☐	☐
Nursing Auxiliaries/Nursing Assistants	☐	☐	☐	☐

3b. Please indicate how the number of nursing staff is likely to change in your trust or unit over the next three years.

	Increase 1	Decrease 2	Stay the same 3
Registered Nurses (1st level)	☐	☐	☐
Registered Nurses (2nd level) — Enrolled nurse	☐	☐	☐
Health Care Assistants/Support workers	☐	☐	☐
Nursing Auxiliaries/Nursing Assistants	☐	☐	☐

4a. Is it normal practice for your unit to accept applications from second level (enrolled) nurses for vacant D grade posts? Yes ☐ No ☐

4b. If **NO**, why not? .....

.....

.....

B. Role

5. Are there any professional nursing activities which **all** second level (enrolled) nurses are **not** allowed to perform in your trust or unit? Yes ☐ No ☐

If **NO**, please answer

Question 7 next.

6. If **YES**, please use the list below to indicate which activities they are **not** allowed to perform and the **main** reason why not.

Activity	Main reason: Employer Policy 1	UKCC Policy 2	Other 3	Not applicable/ relevant 4
Be in charge of a nursing home	☐	☐	☐	☐
Be a named nurse	☐	☐	☐	☐
Be a mentor	☐	☐	☐	☐
Set clinical standards	☐	☐	☐	☐
Hold the keys	☐	☐	☐	☐
Put up blood	☐	☐	☐	☐
Witness controlled drugs	☐	☐	☐	☐
Administer controlled drugs	☐	☐	☐	☐
Do first visits in the community	☐	☐	☐	☐
Ear syringe	☐	☐	☐	☐
Administer Hickman's line	☐	☐	☐	☐
Specialist bandaging	☐	☐	☐	☐
Other *(Please specify)*	☐	☐	☐	

.....

C. UKCC Rule 18(2)

7. Have you heard of UKCC Rule 18(2)? Yes ☐ No ☐

If **NO**, please answer Question 9 next

8a. Does Rule 18(2) influence the way in which second level (enrolled) nurses are deployed in your trust or unit?

Yes ☐ No ☐

8b. If **YES**, how? .....

.....

.....

.....

.....

D. Conversion to First level Registration

9. Does your unit have a policy on nurses converting from second to first level registration? Yes ☐ No ☐

10. Do you normally pay conversion course fees? (*please tick **one** box*)

yes — in full ☐[1] yes — in part ☐[2]

no ☐[3] If **NO**, who pays for courses? .....

11. Do you normally keep jobs open for nurses completing full-time conversion courses?

Yes ☐ No ☐

12. Do nurses who have successfully completed a conversion course normally remain on the same grade, return to a higher grade, or return to a lower grade?

same grade ☐ 1 higher grade ☐ 2 lower grade ☐ 3

13. Approximately how many second level (enrolled) nurses employed by your unit have started conversion courses in the financial year 1994/95? *(Please write number in box).*

☐

14. In your opinion, is this number likely to increase, stay the same or decrease, over the next three years? *(Please tick one box)* Increase ☐ 1 Stay the same ☐ 2 Decrease ☐ 3

15. In your opinion, what are the main career options, for those second level (enrolled) nurses who do not wish to convert? .....

.....

.....

16. Please use the remaining space, or a separate sheet of paper, for any further comments you wish to make on the role of enrolled nurses.

Thank you for completing this form. Please return it in the reply-paid envelope provided.

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IES

U.S. DEPARTMENT OF EDUCATION
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